

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 25 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000022676

1. Corporation Name

Rose Woman, Inc.

**REINSTATEMENT 07-10**

2. Principal Office Address - No P.O. Box #

11834 SW 54 St.

Suite, Apt. #, etc.

3. Mailing Office Address

11834 SW 54 St

Suite, Apt. #, etc.

300173153233  
03/25/10--01039--003 \*\*758.75  
CR2E081 (11/09)

City & State

Cooper City, FL

City & State

Cooper City, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/2005

5. FEI Number

20 2329263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Meredith Roseman

Street Address (P.O. Box Number is Not Acceptable)

11834 SW 54 St.

Suite, Apt. #, Etc.

Cooper City

City

State

FL

Zip Code

33330

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Meredith Roseman*

REGISTERED AGENT MUST SIGN

Date 3/23/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/IT	MEREDITH ROSEMAN	11834 SW 54 St	Cooper City FL
DIR	MEREDITH ROSEMAN	<del>11834 SW 54 St</del>	33330
VP	DAVID ROSEMAN	11834 SW 54 St	Cooper City FL
			33330
			3/26

10. E-mail Address: therosemans@bellsouth.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Meredith Roseman*

MEREDITH ROSEMAN

3/23/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 873-8583