

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT.**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 31 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020269

1. Corporation Name

ROSEMARY M. KRISTOFF, P.A.

Principal Place of Business

24430 MARSH LANDING PKWY
PONTE VEDRA BEACH FL 32082

Mailing Address

24430 MARSH LANDING PKWY
PONTE VEDRA BEACH FL 32082



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9702

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/16/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3229153	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	KRISTOFF, ROSEMARY M	24430 MARSH LANDING PKWY	PONTE VEDRA BEACH FL 32082

600002332336--4
-01/07/98--01043--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KRISTOFF, ROSEMARY M 24430 MARSH LANDING PKWY PONTE VEDRA BEACH FL 32082		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Rosemary M. Kristoff REGISTERED AGENT MUST SIGN Date: 12/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Rosemary M. Kristoff SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 12/30/97 Daytime Phone #: (904) 280-8444

CR2E040 (8/97)