

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION  
**99100 UBR**  
 REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 AUG 18 AM 6:17

DOCUMENT # **P94000020269**

1. Corporation Name

**ROSEMARY M. KRISTOFF, P.A.**

Principal Place of Business

Mailing Address

**24430 Marsh Landing Pkwy 24430 Marsh Landing Pkwy**  
**Ponte Vedra Beach, FL 32082 Ponte Vedra Beach, FL 32082**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

**03/16/1994**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**59-3229153**

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>DEPT</b>	<b>Rosemary M. Kristoff</b>	<b>24430 Marsh Landing Pkwy</b>	<b>Ponte Vedra Beach, FL 32082</b>
			<b>7000003371807--6</b>
			<b>-08/24/00--01051--012</b>
			<b>***300.00 ***300.00</b>

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  
**FL**

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

**8/14/00**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

**8/14/00**

Daytime Phone #

CR2E040 (12/96)

2 of 2



**TRIPLE  
CHECK**

✓Income Tax Service  
✓Financial & Insurance Services  
✓Accounting & Bookkeeping Services

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
www.triplechecktax.com

August 16, 2000

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Profit Corporation Annual Report  
Document P94000020269 – Rosemary M. Kristoff, P.A.

Dear Sir/Madam,

Please see the attached Application for Reinstatement for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application with their full payment of \$300.00 for 1999 and 2000.

Ms. Kristoff, President of the above Corporation, did not receive her first report for the 1999 registration period. She brought this to our attention and attempts were made late in the year to get the late fees waived. Upon calling your department, we were advised to forward the reinstatement application with payment of \$300.00. She has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Check #3090  
Application For Reinstatement