

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **602107**

00 OCT 16 AM 9:57

1. Corporation Name

ROSEN, KREILING & EICHNER, P.A.

Principal Place of Business

Mailing Address

2500 WESTON ROAD
 SUITE 220
 WESTON FL 33331
 US

2500 WESTON ROAD
 SUITE 220
 WESTON FL 33331
 US

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/21/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1292235

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	ROSEN, HARRY M	2500 WESTON ROAD, SUITE 220	WESTON FL 33331
V	KREILING, EDWARD	2500 WESTON ROAD, SUITE 220	WESTON FL 33331

100003440351--8
 -10/26/00--01053--007
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRY M ROSEN, ESQ
 2500 WEST ROAD, SUITE 220
 SUITE 725 S
 WEST FL 33331

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

[Signature] **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date 10/11/00

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 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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Paul Kreiling, v.p.

10/11/00
 Date

954-384-1851
 Daytime Phone #

CR2E040 (8/00)