

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G03675**

1. Corporation Name

**ERIC ROTHSTEIN, D.D.S., P.A.**

Principal Place of Business

1401 UNIVERSITY DR  
STE 404  
CORAL SPRINGS FL 33071-6840  
US

Mailing Address

364 N.W. 101 AVENUE  
CORAL SPRINGS FL 33071-6840



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1982

5. FEI Number

59-2262048

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	ROTHSTEIN, ERIC, D.D.S.	364 NW 101 AVENUE	CORAL SPRINGS FL

300008637013  
10/28/02--01124--008 \*\*150.00

8. Name and Address of Current Registered Agent

ROTHSTEIN, ERIC  
364 N.W. 101 AVENUE  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Eric Rothstein* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/24/02

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.

SIGNATURE:

*Eric Rothstein* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/24/02

Daytime Phone # 954-253-7999

CR2040 (8/02)

ERIC B. ROTHSTEIN D.D.S.  
1401 UNIVERSITY DRIVE  
SUITE 404  
CORAL SPRINGS, FL. 33071  
(954) 753-7999

October 24, 2002

Corporation Name: Eric B. Rothstein D.D.S., P.A.  
Document #: G03675

This letter is to inform you that I have not recieved the two prior uniform business report (UBR) notices. At this time I am sending you the completed application for reinstatement and the UBR filing fee. Please contact my office at the number above if any further information is needed. Thank you for your cooperation regarding this matter.

Sincerely,

*Eric Rothstein*

Eric B. Rothstein D.D.S., P.A.

EBR/jf