

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **J13889**

1. Corporation Name

ROSENBLATT-NADERI ASSOCIATES, P.A.

Principal Place of Business

MM - 25 US 1
P.O. BOX 198
SUMMERLAND KEY FL 33042

Mailing Address

MM - 25 US 1
P.O. BOX 198
SUMMERLAND KEY FL 33042

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

05/09/1986

5. FEI Number

59-2662458

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

ROSENBLATT, JOEL H.

MM - 25 US 1

SUMMERLAND KEY FL

D

NADERI, JODY R.

MM - 25 US 1

SUMMERLAND KEY FL

200008935282

11/06/02--01121--004 **150.00

8. Name and Address of Current Registered Agent

ROSENBLATT, JOEL H.
MM - 25 US 1
SUMMERLAND KEY FL 33042

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED
Joel Rosenblatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-02 305-745-2594

CR2E040 (8/02)

ROSENBLATT - NADERI ASSOCIATES, P.A.

P.O. BOX 420198 • SUMMERLAND KEY, FLORIDA 33042

PH: (305) 745-2594 FAX: (305) 745-3380

EMAIL: FLAKEYS@SPRYNET.COM

November 4, 2002

DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: FEI NUMBER

TO WHOM IT MAY CONCERN

WE RESPECTFULLY REQUEST THAT YOU ABATE THE PENALTY FOR
REINSTATEMENT DUE TO THE FOLLOWING REASON.
I RECEIVED THE APPLICATION FOR REINSTATEMENT TODAY. THE
ORIGINAL CORPORATE ANNUAL REPORT WAS NEVER RECEIVED.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO THIS
MATTER.

SINCERELY,

JOEL ROSENBLATT, P.E