

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J80791**

1. Corporation Name

PATRICIA ROSIER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8270-201 COLLEGE PKWY
FORT MYERS FL 33919

8270-201 COLLEGE PKWY
FORT MYERS FL 33919

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1987

5. FEI Number

65-0061898

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
PST	ROSIER, PETER F. JACOB C. ROSIER	8211 COLLEGE PARKWAY 8270-201 College Parkway	FT. MYERS FL 33919
			800004687438--6
			11/19/01--01050--015
			****750.00 ****750.00
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

ROSIER, PETER F.
8211 COLLEGE PKWY
FORT MYERS FL 33919

9. Name and Address of New Registered Agent

Name *Michael R. Rubenstein*
Street Address (P.O. Box Number is Not Acceptable)
8270-201 College Parkway
Suite, Apt. #, Etc.
City *Fort Myers* State **FL** Zip Code *33919*

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

Michael R. Rubenstein

REGISTERED AGENT MUST SIGN

Date

10/18/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

CR2040 (8/01)