

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUN 14 AM 7:53

RECEIVED  
TAXPAYER SERVICE  
FLORIDA

DOCUMENT # K62113

1. Corporation Name

Richard Rosen De PA

2. Principal Office Address

9950 Stirling Rd

Suite, Apt. #, etc.

# 108

3. Mailing Office Address

9950 Stirling Rd

Suite, Apt. #, etc.

# 108

City & State

Copeland City, FL

City & State

Copeland City, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

**REINSTATEMENT 04-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0095372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Richard Rosen

Street Address (P.O. Box Number is Not Acceptable)

1880 SW 101st Ave

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Richard Rosen*

REGISTERED AGENT MUST SIGN

Date 6-1-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Richard Rosen	1880 SW 101st Ave	DAVIE, FL 33324

000076383150  
06/20/06--01024--005 \*\*1050.00

10. 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 contained in Chapter 119, 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:

*Richard Rosen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-06

Date

Daytime Phone #

B. Mitchell JUN 14 2006