

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K70791		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 27 AM 9:04	
1. Corporation Name FRANK B. ROSELIONE PH.D. P.A.			
Principal Place of Business 10811 NW 29TH CT. SUNRISE FL 33322		Mailing Address 10811 NW 29TH CT. SUNRISE FL 33322	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		08-03-99 - 90012-021 \$150.00	
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 03/07/1989	
		5. FEI Number 65-0100942	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ROSELIONE, FRANK B., PHD	10811 N.W. 29TH CT.	SUNRISE FL
8. Name and Address of Current Registered Agent ROSELIONE, FRANK B., PH.D. 10811 NW 29TH CT. SUNRISE FL 33322		9. Name and Address of New Registered Agent 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: <u>Frank B. Roselione, Ph.D.</u> Date: <u>Oct 18, 1999</u> REGISTERED AGENT MUST SIGN			
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: <u>Frank B. Roselione, Ph.D.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>Oct-18-1999</u> Daytime Phone #: <u>954-474-3030</u>	