

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



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

FILED

00 JAN 18 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L75546

1. Corporation Name

BOB ROTHSTEIN, INC.

2. Principal Office Address

9255 SW. 45 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33165

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0194628

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

ROBERT J. ROTHSTEIN

500003129945-1

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

9255 SW. 45 ST.

02/09/00-01086-026

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Date

REGISTERED AGENT MUST SIGN

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

D

ROBERT J. ROTHSTEIN

9255 SW. 45 ST.

MIAMI, FL. 33165

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00

305-553-1473

CR2E081 (9/99)

**Bob Rothstein, Inc.**



**9255 S.W. 45TH STREET  
MIAMI, FLORIDA 33165**

**TEL: (305) 553-1473  
FAX: (305) 223-3962**

*Jan. 14, 2000*

*Ref: Letter Number: 700A00000516*

*As per your instructions to me during our telephone conversation of January 5, 2000, I am enclosing the completed form, copy of your letter, and a check (#1052) in the amount of \$ 300.00, which covers the report fees for 1999 and 2000.*

*As I explained on the phone, my original check (# 1112) which I made payable to and mailed to The Florida Department of State on April 28th, 1999 was apparantly never deposited. I asked the bank to research my account from Dec. 99 back to Apr. 99. The person in accounting verified that the check never cleared and that check number was not listed on any of my account statements. Our conclusion was that the check never found its way to the State. Furthermore it was never returned by the Post Office.*

*Thank you for help in this matter.*

**Bob Rothstein**