

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED

02 NOV 18 AM 11:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000028708**

1. Corporation Name  
**ROSALIE GUARIO SILVESTRI, P.A.**

Principal Place of Business Mailing Address  
 1656 SW 109TH TERRACE 1656 SW 109TH TERRACE  
 DAVIE FL 33324 DAVIE FL 33324



**REINSTATEMENT 02**

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 **03/21/2000**

5. FEI Number **65-0997679** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SILVESTRI, ROSALIE GUARIO	1656 SW 109TH TERRACE	DAVIE FL 33324
			200008635612 11/18/02--01081--006 **600.00
			200008635612 10/28/02--01112--018 **150.00

8. Name and Address of Current Registered Agent  
**GASS, DANIEL G**  
 10001 NW 80TH STREET SUITE 204  
 SUNRISE FL 33351

9. Name and Address of New Registered Agent  
 Name **Monique Troncone, CPA, PA**  
 Street Address (P.O. Box Number is Not Acceptable) **499 E. Palmetto Park Rd.**  
 Suite, Apt., Etc. **207**  
 City **Boca Raton** State **FL** Zip Code **33432**

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** Date **10/24/02**  
 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: **Rosalie Guario Silvestri** 10/24/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/02)