

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000047225

1. Corporation Name

LAUREN ROTHSTEIN, L.C.S.W., P.A.

Principal Place of Business

10840 JAPONICA COURT
BOCA RATON FL 33498

Mailing Address

~~10840 JAPONICA COURT~~
~~BOCA RATON FL 33498~~

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

2201 NW 30th Place
Pompano Beach FL
33069 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2000

5. FEI Number

65-1012679

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ROTHSTEIN, LAUREN	10840 JAPONICA COURT	BOCA RATON FL 33498

600004721416--2
-12/12/01--01084--019
****750.00 ****750.00

11/28/01

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name
JEFFREY S. STEINER
Street Address (P.O. Box Number is Not Acceptable)
2201 NW 30th PLACE
Suite, Apt. #, Etc.
City
Pompano Beach
State
FL
Zip Code
33069

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

Jeffrey S. Steiner
REGISTERED AGENT MUST SIGN

Date

11/28/01

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:

Lauren Rothstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/01

Daytime Phone #

561-391-4669

CR2E040 (8/01)