

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 24 PM 4:01

DOCUMENT # P00000092579

1. Corporation Name

ROSEMARIE PANELLA ABAD, P.A.

2. Principal Office Address

406 N. Oceanwalk Drive

3. Mailing Office Address

406 N. Oceanwalk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach, Florida

City & State

Atlantic Beach, Florida

Zip

32233

Country

USA

Zip

32233

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0005762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

400005692694--8

-06/05/02--01057--005

****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

ROSEMARIE P. ABAD

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

406 NORTH OCEANWALK DRIVE

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State
FL

Zip Code
32233

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

Rosemarie P. Abad
REGISTERED AGENT MUST SIGN

Date

5/21/02

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
PSTD	ROSEMARIE P. ABAD	406 N. Oceanwalk Drive	Atlantic Beach, FL 32233

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: *Rosemarie P. Abad* ROSEMARIE P. ABAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

9842412533

Daytime Phone #

CR2E081 (9/00)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
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320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

May 21, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, Florida 32314

Re: Profit Corporation Annual Report
Rosemarie Panella Abad, P.A.
Document # P00000092579
Employer Identification Number -32-0005762

Dear Ms. Shepard:

As instructed by your office I have enclosed the Corporation Reinstatement form for our client listed above. We are requesting you accept the application and payment of \$300.00, for the years 2001 and 2002.

Dr. Abad, the President of the corporation, did not receive the original Uniform Business Reports for the year 2001 before the filing date. As a first time corporate officer she did not realize any error until the late receipt of the form. Dr. Abad filed the UBR with check # 0490 attached to pay the late filing fee. The form and check were returned because of a clerical error. The 2002 Annual Report was never received.

We feel for the reasons stated above the corporation meets the criteria for reasonable cause.

In February I forwarded the original Articles of Amendment to change the name of the above corporation to Rosemarie Panella Abad, M.D., P.A. They were returned with a letter stating that the corporation had to be reinstated before the Amendments were approved. We are requesting that you reinstate the corporation and amend the Articles as soon as possible.

Thank you for your help and consideration with this matter. Please contact me if you have any questions or concerns regarding this matter.

Respectfully,


Heather Mitchell

Enclosures: Corporate Reinstatement form & check # 0519
Articles of Amendment & letter from state

RECEIVED
02 MAY 23 AM 10:10
DIVISION OF CORPORATIONS