

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000092579**

1. Corporation Name

ROSEMARIE PANELLA ABAD, M.D., P.A.

Principal Place of Business

Mailing Address

406 N OCEANWALK DRIVE
 ATLANTIC BEACH FL 32233

406 N OCEANWALK DRIVE
 ATLANTIC BEACH FL 32233



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

32-0005762

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	ABAD, ROSEMARIE P Abad	406 N OCEANWALK DRIVE	ATLANTIC BEACH FL 32233

900024198459
 10/28/03--01038--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABAD, ROSEMARIE P
 406 N OCEANWALK DRIVE
 ATLANTIC BEACH FL 32233

Name WILLIAM J. MANGINE III
 Street Address (P.O. Box Number is Not Acceptable)
320 OSCOLA AVE.
 Suite, Apt. #, Etc.
 City JACKSONVILLE BEACH State FL Zip Code 32280

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 William J. Mangine III
 REGISTERED AGENT MUST SIGN

Date 10/22/03

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: Rosemarie P. Abad
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Home (904) 241-7365
 10/22/03 (904) 333-9095 wk
 Date Daytime Phone #
 cell

CR2ED40 (7/03)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 22, 2003

Division of Corporations
Annual Report / Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: Profit Corporation Annual Report
Rosemarie-Panella Abad, M.D., P.A.
Document P00000092579

Dear Madam or Sir:

Please see the attached Application for Reinstatement for the above referenced corporation. We are requesting a waiver of the late fee and ask that you accept the enclosed application and the original application fee of \$150.00, check #782.

Dr. Abad, President of Rosemarie Panella Abad, M.D., P.A., did not receive any notices prior to the Reinstatement notice. Dr. Abad has traveled during the past year doing volunteer work. Apparently the Notices were not forwarded to the Doctor as requested. Upon the return to her home and the receipt of the reinstatement notice the Doctor immediately contacted my office with a request for help. Over the past years Dr. Abad has tried to be timely in the filing and paying of government obligations, Federal and State.

Under penalties of perjury, I declare that I have examined this document and statement, and to the best of my knowledge and belief, they are true, correct, and complete.

Thank you for your attention to this matter. Please contact me if you have any further questions.

Respectfully,

William J. Mangine III, EA
Enclosures:
Application for Reinstatement
Check # 782