

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 -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000119652**

1. Corporation Name

VICTORIA ROTH-ROBERTSON, P.A.

Principal Place of Business

**5048 28TH AVE SW
NAPLES FL 34116**

Mailing Address

**5048 28TH AVE SW
NAPLES FL 34116**

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

12/17/2001

5. FEI Number

90-0000521

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
D	ROTH-ROBERTSON, VICTORIA	5048 28TH AVE SW	NAPLES FL 34116

900008811459
11/05/02--01094--023 **150.00

8. Name and Address of Current Registered Agent

**ROTH-ROBERTSON, VICTORIA
5048 28TH AVE SW
NAPLES FL 34116**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

CH2E040 (8/02)

Victoria Roth-Robertson, P.A.
5048 28th Ave S.W.
Naples, Fl. 34116

Dear Sirs:

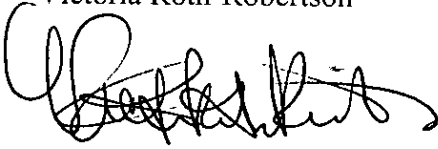
Enclosed, please find the reinstatement application form and a check for \$150.00. I do not recall receiving the original report. Since the date of incorporation was not until 12/17/01, it is very likely that I would not have received it.

Please accept my request to process the report with the \$150.00 filing fee and abate the \$600.00 reinstatement fee.

Thank you in advance for your co-operation.

Respectfully,

Victoria Roth-Robertson

A handwritten signature in black ink, appearing to read 'Victoria Roth-Robertson', written over the printed name.