

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL -9 PM 2:16
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO3000076999
R JOEL ROSEN D.C. P.A

2. Principal Office Address - No P.O. Box #

601 N. Congress Ave

Suite, Apt. #, etc.

417

City & State

Delray Beach, FL

Zip

33445

Country

U.S.A

3. Mailing Office Address

601 N. Congress Ave

Suite, Apt. #, etc.

417

City & State

Delray Beach, FL

Zip

33445

Country

U.S.A

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/2003

5. FEI Number

41-2226659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. Joel Rosen

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

2612 NW 39th St

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33434

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

R. Joel Rosen

REGISTERED AGENT MUST SIGN

Date

3/7/7 7/5/7

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
DR	R. Joel Rosen	2612 NW 39th St	BOCA RATON, FL, 33434
	John M. M. M.		

800106014198
07/12/07--01045--002 **600.00

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 contained in Chapter 119, 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:

R. Joel Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/7

Daytime Phone #

(561) 843-5962

Thursday July 5, 2007

Florida Department of State
Secretary of State
Divisions of Corporations

Re: Corporation Reinstatement
Document Number: P03000076999
Corporation Name: R. Joel Rosen D.C. P.A.

To Whom It May Concern:

As a new business owner, I entrusted my accountant to keep my newly formed business compliant with the state of Florida in regards to corporate status. I recently fired a second accountant, and changed to a new accountant, who immediately notified me that my corporation was inactive. Among other things, we are trying to work diligently to reconcile all business activities from its inception.

That being said, I was completely unaware of this status, and I am taking the necessary action to not only be active, but to be compliant in all matters.

As such, I did not receive the annual report notices from the very beginning of incorporation and 2004, the year of dissolution/revocation.

Hence, I am requesting that the reinstatement fee be waived. Included are the additional fees required to bring the corporation status to active.

Sincerely,


R. Joel Rosen