


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000099535		
1. Entity Name ROSE BAUER, P.A.		

FILED
09 APR -9 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4416 REGAL CT DELRAY BEACH, FL 33445	Mailing Address 3309 LOWSON BLVD. DELRAY BEACH, FL 33445
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2. Principal Place of Business - No P.O. Box # 16081 PO Box SEED Circle #2108 "SAME"	3. Mailing Address "SAME"
Suite, Apt. #, etc. 2108	Suite, Apt. #, etc.
City & State DELRAY Bch	City & State FL
Zip 33484	Country



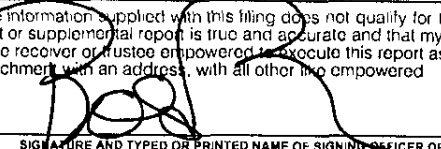
6. Name and Address of Current Registered Agent BAUER, ROSE 3309 LOWSON BLVD. DELRAY BEACH, FL 33445	
ADDRESS CHANGE →	

4. FEI Number 20-0228808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name: ROSE BAUER Street Address (P.O. Box Number is Not Acceptable): 16081 PO Box SEED Circle #2108 City: DELRAY Bch FL Zip Code: 33484	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, ROSE 4416 REGAL CT DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other not empowered	
SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #