

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P04000045391

1. Corporation Name

Rowe Anesthesia Enterprises, Inc.

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

26 Rummon Road

Suite, Apt. #, etc.

City & State

Woodbridge, CT

Zip

06525

Country

USA

3. Mailing Office Address

26 Rummon Road

Suite, Apt. #, etc.

City & State

Woodbridge, CT

Zip

06525

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Martha M. Oner

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

7032 NW 114 Court

Suite, Apt. #, Etc.

City

Doral, FL 33178

State

FL

Zip Code

06525

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

Martha M. Oner

Date 4/19/10

REGISTERED AGENT MUST SIGN

**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
President	Martha M. Oner	26 Rummon Rd	Woodbridge, CT 06525
Vice President	Sedat Oner	26 Rummon Rd	Woodbridge, CT 06525

10. E-mail Address: martsedoner@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:**

Martha M. Oner

Martha M. Oner

4/19/10 631-813-7615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

10 APR 26 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 08-10

200177589782

04/26/10--01028--011 \*\*458.75

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/2004

5. FEI Number

200880667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.