


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P15212

1. Corporation Name

ROSENBLUTH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2401 WALNUT ST.
PHILADELPHIA PA 19103-4390
US

2401 WALNUT ST.
PHILADELPHIA PA 19103-4390
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1987

5. FEI Number

23-2192091

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
CEO	ROSENBLUTH, HAL	215 MAPLE HILL ROAD	GLADWYNE PA 19035
SD	ROSENBLUTH, HAROLD	125 TURNBRIDGE ROAD	HAVERFORD PA 19041
TD	BLOCK, EUGENE	1820 RITTENHOUSE SQUARE	PHILADELPHIA PA 19103
D	BLOCK, CHARLES	226 W. RITTENHOUSE SQ	PHILADELPHIA PA 19103
EVCA	SUKAY, THOMAS	1193 REICHENBACH RD	COLLEGEVILLE PA 19382
PCOO	WASILOV, ALEX	255 ABRAHAM LANE	VILLANOVA PA 19085

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

Date

11-30-01

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:

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 215-977-4358