

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000000272**

1. Corporation Name

DAVID A. ROSENSTEIN, M.D., P.A.

Principal Place of Business

10301 HAGEN RANCH RD
STE 730
BOYNTON BEACH FL 33437
US

Mailing Address

10301 HAGEN RANCH RD
STE 730
BOYNTON BEACH FL 33437
US

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

01/02/1996

5. FEI Number

65-0645072

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ROSENSTEIN, DAVID A M.D.	10301 HAGEN RANCH RD STE 730	BOYNTON BEACH FL 33437

500023705395
10/10/03--01028--012 **150.00

8. Name and Address of Current Registered Agent

ROSENSTEIN, DAVID A M.D.
10301 HAGEN RANCH RD
STE 730
BOYNTON BEACH FL 33437

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

REGISTERED AGENT MUST SIGN

Date **10-8-03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ROSENSTEIN

Date

10-8-03

Daytime Phone #

CR2E040 (7/03)



David A Rosenstein M.D. F.A.C.S.

10301 Hagen Ranch Road Suite 730, Boynton Beach, FL 33437
Phone (561) 736-9800 • Fax (561) 736-9807

October 8, 2003

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314-6327

Attention: Glenda E Hood Secretary of State

Document # P96000000272

Dear Madam,

Today our office received a notice of administrative dissolution of revocation, according to our records the original notice was never received.

As you can see by our records in the past we have never been delinquent. We trust that you will take this into consideration regarding the reinstatement fee.

Attached, please find check # 3899 in the amount of \$150.00 being payment of Corporation annual report for the year 2003.

If you have any question, Please call me at (561) 736-9800

Sincerely,


David Rosenstein M.D. P.A.