

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022864**

1. Corporation Name

**FROSCH MEDICAL CONSULTANTS, INC.**

Principal Place of Business

11612 NW 5 STREET  
PLANTATION FL 33325

Mailing Address

11612 NW 5 STREET  
PLANTATION FL 33325

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

03/11/1996

5. FEI Number

65-0667291

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
D	FROSCH, MARCI	11612 NW 5 STREET	PLANTATION FL 33325

400003021574--3  
-10/22/99--01004--017  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENTHAL, STEVEN R  
% CAPITAL BANK CENTRE  
2405 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

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.

Signature of  
Registered Agent

*Steven R. Rosenthal*  
REGISTERED AGENT MUST SIGN

Date

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:

*Marci Froesch - Marci Froesch Director 10/13/99*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 370-1922

Frosch Medical Consultants, Inc.  
11612 N.W. 5<sup>th</sup> Street  
Plantation, Florida 33325

**SENT VIA FEDERAL EXPRESS - PRIORITY OVERNIGHT**

October 13, 1999

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Att: Michelle Milligan - Reinstatement Dept.**

**Re: Frosch Medical Consultants, Inc.**

Dear Ms. Milligan:

This letter will confirm the telephone conversation that you had with my attorney, Steven R. Rosenthal, Esquire, on Wednesday morning, October 13, 1999 at approximately 9:45 a.m.

As Mr. Rosenthal advised you, I never received any Annual Report in January of 1999, nor did I receive any second notice in June or July of 1999 which would have advised me that I did not file the Annual Report by May of 1999.

If you will check your records, you will see that our history is very good. We filed our Annual Return in January of 1997 for the year 1997 and we filed our Annual Return in February of 1998 for the year 1998. We never wait until May and we always try to get the Return in immediately.

Please let this letter serve as my notice to you that I did not receive any type of Annual Return or notice from the Florida Department of State, and therefore, I do not feel that my Corporation should be penalized by paying a \$600.00 reinstatement fee.

This will confirm your telephone conversation with my attorney, Steven R. Rosenthal, Esquire, in which you advised him that if I send you this letter asking for a "waiver", that you or your department would consider same.

Michelle Milligan - Reinstatement Dept.  
October 13, 1999  
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Pursuant to your instructions to my attorney, enclosed herein, please find a check from Frosch Medical Consultants, Inc., check #1004, in the sum of \$158.75. You specifically advised my attorney not to send the additional \$600.00 for the reinstatement fee because this would not be considered a reinstatement, but simply a late charge situation.

Since you did not advise my attorney whether or not you needed the "Application for Reinstatement", I am sending said Application back to you, even though it has been signed by my attorney, as Registered Agent and by me, as Director of the Corporation.

If this letter is accepted by your department and if it is not necessary to reinstate the Corporation, I would imagine that you would simply discard this Application for Reinstatement.

If there is anything else that you require, please contact my attorney, Steven R. Rosenthal, Esquire, at (954) 340-4563. His address is in your records since he is the listed Registered Agent.

Thank you very much for your cooperation and please be advised that in the future, beginning with the year 2000, we will mark our calendar accordingly to anticipate receiving an Annual Report each and every January thereafter.

Thank you very much for your anticipated courtesies.

Very truly yours,

Frosch Medical Consultants, Inc.

By: Marci Frosch  
Marci Frosch, Director

Enclosures - stated