

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR - 8 PM 4:00

DOCUMENT # P96000024862

1. Corporation Name

TOTAL SPEECH CARE, INC

REINSTATEMENT

01-02

2. Principal Office Address

8502 MICHAEL DR

Suite, Apt. #, etc.

City & State

BOYNTON BCH, FL

Zip

33437

Country

USA

3. Mailing Office Address

8502 MICHAEL DR

Suite, Apt. #, etc.

City & State

BOYNTON BCH, FL

Zip

33437

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 15, 1996

5. FEI Number

0638214  
65-0638214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7/10/01 90130 035 150.00

7. Name and Address of Current Registered Agent

Name

LENNORIS E ROSIER

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

8502 MICHAEL DR

Suite, Apt. #, Etc.

City

BOYNTON BCH

State

FL

Zip Code

33437

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

*L. E. Rosier*

REGISTERED AGENT MUST SIGN

Date 4/4/02

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
D	LENNORIS E ROSIER	8502 MICHAEL DR	BOYNTON BCH, FL 33437
D	ANNA J. ROSIER	8502 MICHAEL DR	BOYNTON BCH, FL 33437

10. 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:

*L. E. Rosier* L. E. ROSIER

4/4/02

561-736-8353

Date

Daytime Phone #

4/10/02