

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035649

1. Corporation Name

THOMAS E. ROSE, M.D., P.A.

Principal Place of Business
LANTERNBACK
250 LANTERBACK ISLAND DRIVE
SATELLITE BEACH FL 32937

Mailing Address
LANTERNBACK
250 LANTERBACK ISLAND DRIVE
SATELLITE BEACH FL 32937



REINSTATEMENT 02

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3466589

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	ROSE, THOMAS E	250 LANTERBACK ISLAND DRIVE LANTERNBACK	SATELLITE BEACH FL 32937
VP	ROSS, KATHLEEN M ROSE	250 PONTENHUGH ISLAND DRIVE	SATELLITE BEACH FL 32937

200009006942
11/14/02--01074--010 **700.00

200009006942
11/27/02--01045--004 **50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Thomas E. Rose **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/27/02

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:

Thomas E. Rose **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/02 1-321-
7775694

CR2040 (8/02)