PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073512

REINSTATEMENT 03

1. Corporation Name
ROSEMARIE NODARSE P.A.

2. Principal Office Address	3. Mailing Office Address
9168 MAGNOLIA CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State
Zip: 33328 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65 0776331 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

300025129593
12/01/03--01083-011 **150.00

Name: ROSEMARIE NODARSE
Street Address (P.O. Box Number is Not Acceptable): 9168 MAGNOLIA CT
Suite, Apt. #, Etc.:
City: DAVIE State: FL Zip Code: 33328

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: [signature] — REGISTERED AGENT MUST SIGN
Date: 11/24/03

ORDER61 (10/02)

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
Pres.	ROSEMARIE NODARSE	9168 MAGNOLIA CT	DAVIE, FL 33328

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: [signature] ROSEMARIE NODARSE — 11/24/03 — 954-476-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TL

To whom it may concern 11/24/03

Doc# 097000073512

Please be advised that I did not receive the 1st & 2nd Notice form for 2003

Please Waive the $600.00 Reinstatement fee as my address has changed & did not receive any forms.

The new address is 9168 Magnolia Ct

Davie, FL

33328

954-424-9558

Thank you

[illegible]

"A happy heart makes the face cheerful..." PROVERBS 15:13 NIV