

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 13 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000006301**

1. Corporation Name

**MATT H. ROSTOCK, P.A.**

Principal Place of Business

Mailing Address

175 TONEY PENNA DR. SUITE 105  
JUPITER FL 33458

175 TONEY PENNA DR. SUITE 105  
JUPITER FL 33458



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

~~1928 Commerce Lane #105~~

Suite, Apt. #, etc. **Suite #6**

City & State **Jupiter FL**

Zip **33458** Country **USA**

3. New Mailing Office Address, If Applicable

~~1928 Commerce Lane~~

Suite, Apt. #, etc. **Suite 6**

City & State **Jupiter FL**

Zip **33458** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

**01/21/1999**

5. FEI Number

**65-0889146**

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	ROSTOCK, MATT H	<del>175 TONEY PENNA DR. SUITE 105</del> <b>1928 Commerce Lane #6</b>	JUPITER FL 33458

700023767817  
10/13/03--01104--003 \*\*150.00

*PR 10/15*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSTOCK, MATT H  
~~175 TONEY PENNA DR. SUITE 105~~ **1928 Commerce Lane #6**  
JUPITER FL 33458

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 *Matt Rostock* Date **10-9-03**  
REGISTERED AGENT MUST SIGN

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: *Matt Rostock* Date **10-9-03** Daytime Phone # **5615752868**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)



Matt H. Rostock, D.D.S.

1928 Commerce Lane  
Suite 6  
Jupiter, Florida 33458

Phone: 561-575-2868  
Fax: 561-748-2215

October 9, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Notice of Administrative Dissolution or Revocation  
Document # P99000006301

To Whom It May Concern:

This is to inform you that I did not receive the two prior uniform business report notices.  
Please note new address above.

Sincerely,



Matt H. Rostock, D.D.S., P.A.

MHR: tlc