

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 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03



200023820402
10/15/03--01040--030 **150.00

DOCUMENT # **P99000006304**

1. Corporation Name

EILEEN M. 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.

2. New Principal Office Address, If Applicable

1928 Commerce Lane

Suite, Apt. #, etc.

Suite #5

City & State
JUPITER FL

Zip 33458

Country USA

3. New Mailing Office Address, If Applicable

1928 Commerce Lane

Suite, Apt. #, etc.

Suite #5

City & State
JUPITER FL

Zip 33458

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1999

5. FEI Number

65-0889136

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROSTOCK, EILEEN M	175 TONEY PENNA DR., SUITE 105 <u>1928 Commerce Lane #5</u>	JUPITER FL 33458

8. Name and Address of Current Registered Agent

ROSTOCK, EILEEN M

~~175 TONEY PENNA DR., SUITE 105~~ 1928 Commerce Lane #5
JUPITER FL 33458

9. Name and Address of New Registered Agent

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

Eileen M. 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:

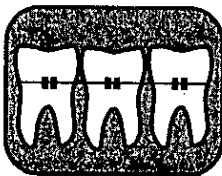
Eileen M. Rostock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

CR2E040 (7/03)



Eileen M. Rostock, D.D.S., P.A.

Practice Limited to Orthodontics

October 9, 2003

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

RE: Notice of Administrative Dissolution or Revocation
Document # P99000006304

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 below.

Sincerely, -

Eileen M. Rostock, D.D.S., P.A.

EMR: tlc