

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 29 AM 8:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000024311**

1. Corporation Name

ROWE AND FLORETE, INC.

Principal Place of Business

820 PRUDENTIAL DRIVE, SUITE 111
 JACKSONVILLE FL 32207

Mailing Address

820 PRUDENTIAL DRIVE, SUITE 111
 JACKSONVILLE FL 32207

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

03/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3576127

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROWE, DANIEL S JR, MD	820 PRUDENTIAL DRIVE, SUITE 111	JACKSONVILLE FL 32207
D	FLORETE, ORLANDO G JR, MD	820 PRUDENTIAL DRIVE, SUITE 111	JACKSONVILLE FL 32207
			200003582902--5 -01/26/01--01159--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROWE, DANIEL S JR, MD
 820 PRUDENTIAL DRIVE, SUITE 111
 JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name
 Orlando G. Florete, Jr., M.D.
 Street Address (P.O. Box Number is Not Acceptable)
 820 Prudential Drive
 Suite, Apt. #, Etc.
 Suite 111
 City
 Jacksonville State FL Zip Code 32207

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

12/5/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/00

Daytime Phone #

904-306-260

CR2E040 (8/00)