

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 MAR 14 PM 5:04

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000096648

1. Corporation Name

ROCCO T. GRASSO, P.A.

2. Principal Office Address

9547 W McNabb Road

3. Mailing Office Address

9547 W McNabb Road

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33321

Country

U.S.A.

Zip

33321

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/99

5. FEI Number

65-0960513

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

Name

Robert M. Kramer

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 485-South

City

Hollywood

State
FL

Zip Code

33021

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

Date 3/14/2006

REGISTERED AGENT MUST SIGN

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
PTD	Rocco T. Grasso	9547 W McNabb Road#202	Tamarac, FL 33321

REINSTATEMENT 04-05

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

754-224-7690

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954) 966-2112
Fax Number : (954) 981-1605

CORPORATION REINSTATEMENT

ROCCO T. GRASSO P.A.

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