

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 3
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT #

94983

1. Corporation Name

Rosen & Osborne, P.A.

2. Principal Office Address

3. Mailing Office Address

3444 S. Westshore Blvd. same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33629

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1991

5. FEI Number

59-3094648

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

Stephen L. Rosen

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

3444 S. Westshore Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

REGISTERED AGENT MUST SIGN

Date

2-22-02

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.	Stephen L. Rosen	3444 S. Westshore Blvd.	Tampa, FL 33629

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:

Stephen L. Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 902-1200

Daytime Phone #

ROSEN & OSBORNE, P.A.
ATTORNEYS AT LAW
3444 S. WESTSHORE BOULEVARD
TAMPA, FLORIDA 33629

D. J. 2013

STEPHEN L. ROSEN*
RICHARD W. OSBORNE*
JOHN F. SHARPLESS

* CERTIFIED AS A
WORKERS' COMPENSATION LAWYER

(813) 902-1200
FAX (813) 832-4627

February 20, 2002

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

Re: Reinstatement of Rosen & Osborne, P.A.

To Whom it May Concern:

My name is Stephen Rosen and I am the principal of Rosen & Osborne, P.A., a law firm in Tampa, Florida.

Originally, my firm was incorporated as Stephen Rosen, P.A. on November 18, 1991. By Amendment of February 8, 1994, our name was changed to Rosen & Osborne, P.A. and certified by the Division of Corporations of the State of Florida.

Our original address was 4016 Henderson Blvd., Tampa, Florida, 33629. We moved locations on March 28, 1998, and have not received any notifications whatsoever concerning corporate reports, annual fees, or supplemental fees since 1998.

We are in the process of changing the corporate name back to its original, Stephen Rosen, P.A., and upon contacting your office, to our surprise, we discovered arrearages.

It was never our intent to dissolve the corporation as it has continuously been active in business since 1991.

Therefore, please treat this letter as a request for reinstatement of Rosen & Osborne, P.A. and also for a waiver of penalties.

Enclosed, please find our check in the amount of \$750.00 which is for the reinstatement fee, plus the minimum amount due.

Page 3 of 3

Florida Department of State
Division of Corporations
February 20, 2002
Page Two

Thanking you in advance for your kind consideration in this matter, I remain

Very truly yours,

Rosen & Osborne, P.A.


Stephen L. Rosen

SLR/bjs
Enclosures