

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 27 AM 11:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F33835**

1. Corporation Name

AARON M. SHEVLIN, D.P.M., P.A.

Principal Place of Business

Mailing Address

1696 SE HILLMOOR DR. STE A
 C/O AARON SHEVLIN
 PORT ST. LUCIE FL 34952
 US

1696 SE HILLMOOR DR. STE A
 C/O AARON SHEVLIN
 PORT ST. LUCIE FL 34952
 US

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/07/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2088160

Applied For

Not Applicable

City & State

City & State

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
P	SHEVLIN, AARON M.	1696 SE HILLMOOR DRIVE, SUITE A	PORT STS. LUCIE FL

000024099850
 10/27/03--01004--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEVLIN, AARON
 1696 S.E. HILLMOOR DR.
 SUITE A
 PORT ST LUCIE FL 33452

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

REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

AARON M. SHEVLIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

772-335-1200

Daytime Phone #

CR2E040 (7/03)



Aaron M. Shevlin, DPM, PA

Foot & Ankle Center

*2207 Sunrise Blvd
Ft Pierce, Fl 34950
772-464-1985*

*1696 SE Hillmoor Dr
Pt St Lucie, Fl 34952
772-335-1200
Fax:772-335-1292*

*3515 Willoughby Blvd
Stuart, Fl 34997
772-288-3223*

10/21/03

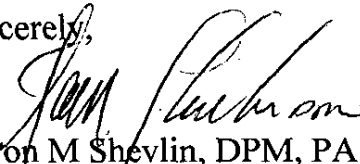
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern,

Enclosed please find application for reinstatement of corporation as per your requirement. We are requesting a waiver of the \$750.00 reinstatement fee, as unfortunately we had never received the appropriate paper work in the mail.

Also enclosed, please find a check in the amount of \$150.00 for the corporate filing fee. If any additional information is needed please contact me at the phone number on the reinstatement application.

Sincerely,


Aaron M Shevlin, DPM, PA

*Diplomate, American Board of Podiatric Surgery
Board Certified in Foot Surgery
Certified Wound Care Specialist*