

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003572

1. Corporation Name

ASERETH MEDICAL SERVICES, INC.

Principal Place of Business

50 N. HILL AVE., STE. 304
PASADENA CA 91106

Mailing Address

50 N. HILL AVE., STE. 304
PASADENA CA 91106



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>650 SIERRA MADRE VILLA</u>		3. New Mailing Office Address, If Applicable <u>650 SIERRA MADRE VILLA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>07/25/1995</u>	
Suite, Apt. #, etc. <u>SUITE 102</u>		Suite, Apt. #, etc. <u>SUITE 102</u>		5. FEI Number <u>95-4301454</u>	
City & State <u>PASADENA CA</u>		City & State <u>PASADENA, CA</u>		Applied For Not Applicable	
Zip <u>91107</u>	Country <u>USA</u>	Zip <u>91107</u>	Country <u>USA</u>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CPD	TAYLOR, THERESA	50 N. HILL AVE., STE. 304 <u>57E102</u> <u>650 SIERRA MADRE VILLA</u>	PASADENA CA 91106- <u>91107</u>
CVST	TAYLOR, DEJUAN	50 N. HILL AVE., STE. 304 <u>650 SIERRA MADRE VILLA 57E102</u>	PASADENA CA 91106- <u>91107</u>
			700002032437--5 12/18/96 01052 010 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent HATTON, JOANNE 12555 BISCAYNE BLVD. #900 N MIAMI FL 33181		9. Name and Address of New Registered Agent Name <u>Kitty Margolis</u> Street Address (P.O. Box Number is Not Acceptable) <u>910 Dogwood Dr #142</u> Suite, Apt. #, Etc. City <u>DELRAY BEACH</u> State <u>FL</u> Zip Code <u>33483</u>	
--	--	--	--

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 Kitty Margolis Date 9/25/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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] Date 9/25/96 (818) 351-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #