PLEASE READ A	LL INSTRUCTIONS I	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			AND FILE	
DOCUMENT # 605656 1. Corporation Name AARON-THOMAS, INC.			96 NOV 12 PM 12:01 SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business 7775 S.W. 87th Avenue, Suite 120 Miami, Florida 33173 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				TATEMEN DO NOT WRITE IN THIS S	TO OP
2. New Principal Office Address, If Applicable 3. New Mailing Address, If Appli		ble	4. Date incorp To Do Busin Januar	orated or Qualified tess in Florida V 4. 1979	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number		Applied For
City & State	City & State		59-188	2215	Not Applicable
Zip Country	Zip Country	,	CERTIFICATI	E OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpora	tions must list at le set Address of Eac	est 3 directors)		
Title(s) Name of Officers and/or Directors	ł Off	icer and/or Directo se Post Office Box	N [*]	City / S	tate / Zip
PT Deddy, Lawrence T	7775 S.1	#120 7775 S.W. 87th Avenue		Miami, FL 3	3173
VS Deddy, John M.	7775 8.1	7775 S.W. 87th Av		Miami, FL 3	3173
			3	00002001 -11/15/96- ****375:00	-01076007
8. Name and Address of Current	Registered Agent	l Niama	9. Name and	Address of New Registers	Agent 2
Lawrence T. Deddy 7775 S.W. 87th A Miami, FL 33173	venue, #120	Suite, Apt. #, El	tc.	r ls Not Acceptable)	Sign Zip Code
10. I, being appointed the regisfered agent of the ab Signature of Registered Agent	overnmed corporation, am familiar v	with and accept the	obligations of Sec	Dete 11/7/	96
11. Does this corporation pay Dept. of Revenue under S	any intangible tax to t . 199.032, Florida Sta	he tutes. Yes	s X No		eide for information tangible lax.)
an officer or director or the rec	with this filing is voluntarily furnished lifty of non-compliance with Section 1 eiver or trustee empowered to exact sociution has been eliminated, the ot The information indicated on this ap	te this application	as provided for in	chapter 607 or 617, F.S. I fu	Atter certify that when thing -
E: SIGNATURE AND TYPED ON	MATTED NAME OF BIOMERIA OFFIGER	1	· · · · · · · · · · · · · · · · · · ·	1/1/96	595-2000_