PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

06 DEC 11 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1092

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001977

1. Corporation Name
American Hearing Aid Associates, Inc.

W06-47882

2. Principal Office Address	**3.** Mailing Office Address
1380 Wilmington Pike	1380 Wilmington Pike
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Chester PA	City & State: West Chester PA
Zip: 19380 Country: USA	Zip: 19380 Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 4/22/2002

5. FEI Number: 23-2789253 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

600081362486
11/21/06--01036--014 **150.00

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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 _____

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
P	Tina Soika	1380 Wilmington Pike	West Chester, PA 19380
T	Jeff Jennings	1380 Wilmington Pike	West Chester PA 19380
		600081362495 10/31/06--01026--003 **1050.00	

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: _____ 10-23-06 800/984-3272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2 of 2

CORPORATION REINSTATEMENT

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W06-47882

REINSTATEMENT 03-06

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X Signature of Registered Agent: Margaret E. Routzahn MARGARET E. ROUTZAHN Special Assistant Secretary Date: 12/1/06

REGISTERED AGENT MUST SIGN

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SIGNATURE: Jeff J [illegible] 10-23-06 800/984-3272

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #