

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F02000002047

1. Corporation Name

AOR MANAGEMENT COMPANY OF VIRGINIA, INC.

Principal Place of Business

Mailing Address

101 N. STARCREST DR., STE. 200  
CLEARWATER FL 33765

16825 NORTHCHASE DR., STE. 1300  
HOUSTON TX 77060

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/2002

5. FEI Number

54-1768503

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ROSS, R. DALE	16825 NORTHCHASE DR., STE. 1300	HOUSTON TX 77060
DV	BROUSSARD, BRUCE D	16825 NORTHCHASE DR., STE. 1300	HOUSTON TX 77060
S	MORGAN, GEORGE D	16825 NORTHCHASE DR., STE. 1300	HOUSTON TX 77060
T	WATTS, PHILLIP H	16825 NORTHCHASE DR., STE. 1300	HOUSTON TX 77060
			400040501714 08/25/04--01055--009 **900.00
			400040501714 08/25/04--01055--010 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

E. A. Wallace  
Assistant Secretary

Date

8/10/04

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or officer 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 the corporation's delinquency 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George D. Morgan 8-11-2004 (832) 601-6225

Date

Daytime Phone #

CR2E040 (7/03)