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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM DEC 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000002047			
1. Corporation Name AOR Management Company of Virginia, Inc.			
2. Principal Office Address - No P.O. Box # 16825 Northchase Drive		3. Mailing Office Address 16825 Northchase Drive	
Suite, Apt. #, etc. Suite 1300		Suite, Apt. #, etc. Suite 1300	
City & State Houston, TX		City & State Houston, TX	
Zip 77060	Country US	Zip 77060	Country US
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Applicable) 1200 S. Pine Island Rd.			
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 617.0603, F.S.			
Signature of Registered Agent <i>Jane Zachritz</i>		Date 12/19/07	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	R. Dale Ross	16825 Northchase Drive, Suite 1300	Houston, TX 77060
V.P./Director	Bruce D. Broussard	16825 Northchase Drive, Suite 1300	Houston, TX 77060
V.P./Secretary	Richard P. McCook	16825 Northchase Drive, Suite 1300	Houston, TX 77060
V.P./Asst. Sec.	Phillip H. Watts	16825 Northchase Drive, Suite 1300	Houston, TX 77060
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: <i>PHW</i>		Phillip H. Watts	12/19/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 832-601-6225

REINSTATEMENT 05-07

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 ☐ **80.75 Additional Fee required for Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT**AOR MANAGEMENT COMPANY OF VIRGINIA, INC.**

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