

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 15 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-02

DOCUMENT # L54438

1. Corporation Name

Personal Hearing Aid Services, Inc.

2. Principal Office Address

4801 E. Busch Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Same

City & State

Tampa, FL

City & State

Same

Zip

33617

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/90

5. FEI Number

65-0183056

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

Ahmad Salamat

600005348036--8

-04/25/02--01044--024

***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable)

4801 E. Busch Blvd.

Suite, Apt. #, Etc.

Suite C

City

Tampa

State

FL

Zip Code

33617

CORPORATION (0001)

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

Ahmad Salamat

Date

03-11-02

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
D	Ahmad Salamat	4801 E. Busch Blvd, Suite C	Tampa, FL--33617

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 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

Ahmad Salamat
Ahmad Salamat

Date

03-11-02

Daytime Phone #

6