PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N0000003973

1. Corporation Name

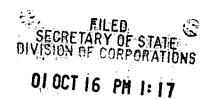
ARACHNOIDITIS FOUNDATION, INC.

Principal Place of Business

Mailing Address

350 BLUE MOUNTAIN BEACH ROAD SANTA ROSA BEACH EL 32459

350 BLUE MOUNTAIN BEACH ROAD SANTA ROSA BEACH FL 32459



SANTA ROSA BEACH FL 32459				SANTA ROSA BEACH FL 32459]				
If above ad	dresses are	incorrect in ar	ny way, line thro	ugh incorrect in	formation a	nd enter corr	ection below.	REINS	STATEME	NT	01	
New Principal Office Address, If Applicable 3. New Mailin						ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida OC/10/0000			
Suite, Apt. #, etc. Suite, Apt. #,					etc.			5. FEI Number				
City & State City & State									Sq-366 44 f Not Applicable			
Zip Country			Zip		Country		6. CERTIFICA	ATE OF STATUS DESIRED	1 S8.75 Ac	dditional Fee required 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)	2		of Officers Directors		Stre 3 Offi				City / State / Zip			
P/D	J.ANTONIO ALDRETE				350 BLUE WOUNTAIN BEACH LOI.					159	,	
V/D	VALENTINA ALDRETE				350 BLUE WOUNTHY.			SANTA ROS FL 324	153	,		
Sec/D	RHAMSIS GHALY ME					11136 INAAWOOD				AB 7,	heir	
/												
								,				
,						-		6	0000465 -10/26/01 *****245.0	0105	5026	
8. Name and Address of Current Registered Agent								Name and Address of New Registered Agent				
ALDRETE L'ANTONIO							Name					
							reet Address (P.O. Box Number is Not Acceptable)					
SANTA ROSA BEACH FL 32459						Suite, Apt. #, Etc.						
						C	City		State Zip Code			
10. I, being a	appointed the	e registered a	gent of the abo	e named corpo	ration, am f	amiliar with a	nd accept the	obligations of Se	ection 607.0505, F.S.			

11. 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 of Registered Agent

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUTONIO 10/12/01 (850) 267-27

Daytime Phone #