

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:17

DOCUMENT # N00000003973

1. Corporation Name

ARACHNOIDITIS FOUNDATION, INC.

Principal Place of Business

350 BLUE MOUNTAIN BEACH ROAD
SANTA ROSA BEACH FL 32459

Mailing Address

350 BLUE MOUNTAIN BEACH ROAD
SANTA ROSA BEACH FL 32459



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/16/2000

5. FEI Number

59-3664471

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	J. ANTONIO ALDRETE	350 BLUE MOUNTAIN BEACH RD.	SANTA ROSA BEACH, FL 32459
V/D	VALENTINA ALDRETE	350 BLUE MOUNTAIN BEACH RD.	SANTA ROSA BEACH, FL 32459
SEC/D	RHAMSIS GHALY MD	11136 INDIAN WOODS DR.	INDIAN HEAD PARK ILL 60525

600004655216--6
-10/26/01--01055--026
*****245.00 ***245.00**

8. Name and Address of Current Registered Agent

ALDRETE, J. ANTONIO
350 BLUE MOUNTAIN BEACH ROAD
SANTA ROSA BEACH FL 32459

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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.

Signature of Registered Agent

J. Antonio Aldrete
REGISTERED AGENT MUST SIGN

Date

10/12/01 **AD**

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:

J. Antonio Aldrete **ALDRETE, J. ANTONIO** 10/12/01 (850) 267-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)