

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

08 JUL 28 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 00000003973

1. Corporation Name

Arachnoiditis Foundation, Inc.

2. Principal Office Address - No P.O. Box #

2213 Sterlingwood Drive

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35243

Country

USA

3. Mailing Office Address

2213 Sterlingwood Drive

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35243

Country

USA

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. Name and Address of Current Registered Agent

Name

PAM WEATHERS

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

4460 LEGENDARY DR

Suite, Apt. #, Etc.

SUITE 100

City

DESTIN

State

FL

Zip Code

32541

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.

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Antonio J. Aldrete	2213 Sterlingwood Drive	Birmingham, AL 35243
VD	Valentina Aldrete	2213 Sterlingwood Drive	Birmingham, AL 35243
SD	Rhamsis Ghaly	11136 Indianworks Dr	Indianhead Park, IL 60525

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valentina Aldrete

Date

07/08/08 2052620069

Daytime Phone #

REINSTATEMENT 03-08^{ks}