

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000030505

1. Corporation Name

GARON INCORPORATED

Principal Place of Business

Mailing Address

2 FAIRFIELD BOULEVARD
SUITE 5
PONTE VEDRA BEACH FL 32082

2 FAIRFIELD BOULEVARD
SUITE 5
PONTE VEDRA BEACH FL 32082

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/20/2000

5. FEI Number

59-3628437

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner Pres. Dr.	GARY WORTSMAN	9665 Scott Mill Estates Way	Jacksonville, FL 32257

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Gary Wortsm
REGISTERED AGENT MUST SIGN

Date 10/15/01

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:

Gary Wortsm DR. GARY WORTSMAN 10/15/01 (904) 543-1311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dr. Gary Wortsman, ND, NMT, LMT

Please Do Not Remove

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2 Fairfield Blvd. suite 5
PONTE VEDRA FL 32082

Phone 904-543-1311
Fax 904-285-8472

October 16, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

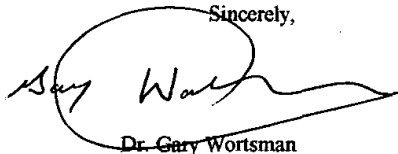
To Whom It May Concern,

We never received a letter stating that you needed our FEI Number, sorry for the mix up.

I have includes our FEI number as well as a copy of the check we paid dated 1/15/2001.

If you need any further information pleas feel free to call me, thank you for your help in clearing up this matter.

Sincerely,


Dr. Gary Wortsman