


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900037949379
05/27/04--01008--002 **450.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name AURORA OF TAMPA, INC # P00000038009			
2. Principal Office Address 2836 E. BEARSS AVE. Suite, Apt. #, etc.		3. Mailing Office Address 2836 E. BEARSS AVE. Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State TAMPA FL.	
Zip 33613	Country U.S.A	Zip 33613	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 2000	
5. FEI Number 59-3641001	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ABE SROUR	
Street Address (P.O. Box Number is Not Acceptable) 1212 OXBRIDGE DR.	
Suite, Apt. #, Etc.	
City LUTZ.	State Zip Code FL 33549

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 **ABE SROUR** Date **5/24/04**

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
PRES.	ABE SROUR	1212 OXBRIDGE DR.	LUTZ. FL. 33549

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)(f), 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: **ABE SROUR** Date **5/24/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)

P00000038009



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Tampa * Wesley Chapel

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Please reinstate my corporation Aurora of Tampa, Inc Document # P00000038009.
Please waive the penalty of \$600.00 due to the fact that We didn't receive the ^{Annual Report} ~~Annual Report~~ by mail.
Enclose you'll find a check for \$450.00 for the remaining balance.

Sincerely yours,
Abraham Srour
Abraham Srour

For Filing
Purposes

P00000038009



Tampa + Wesley Chapel

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

We have no intention of revoking dissolution #P04000020384 and please
Reinstate entity document # P00000038009 named Aurora of Tampa, Inc.

Thank you,


Abraham Srour

For Filing
Purposes