

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000076109**

1. Corporation Name

**AERIS, INC.**

Principal Place of Business

~~979 TROON TRACE  
WINTER SPRINGS FL 32708~~

**2801 Marsala Ct  
Orlando FL 32806**

Mailing Address

~~979 TROON TRACE  
WINTER SPRINGS FL 32708~~

**2801 Marsala Ct  
Orlando FL 32806**

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

**08/10/2000**

5. FEI Number

**59-3671729**

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
D	HAMM, RUTH	<del>979 TROON TRACE</del>	<del>WINTER SPRINGS FL 32806</del>
D	Hamm, RUTH	2801 Marsala Ct.	Orlando, FL 32806

100008729281  
10/31/02--01067--003 \*\*150.00

8. Name and Address of Current Registered Agent

HAMM, RUTH  
979 TROON TRACE  
WINTER SPRINGS FL 32708

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-23-02**

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-23-02**  
Daytime Phone # \_\_\_\_\_

CR2040 (8/02)

AERIS , INC.  
2801 Marsala Court  
Orlando, FL 32806  
407-843-2295

State of Florida  
Department of State  
Office of Reinstatement

October 23, 2002

Dear Sir:

Please accept this letter with the understanding that I did not receive any prior business report forms.

I have also had a recent address change: 2801 Marsala Court, Orlando, FL 32806

Enclosed, please find the check for a non-for-profit corporation of \$150.00.

I greatly need to have my corporation reinstated, thank you very much for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Hamm".

Ruth Hamm  
Director