

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 DEC 10 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700009046837
11/18/02--01046--017 **750.00

DOCUMENT # P01000016307

1. Corporation Name

AAA SURGEONS, INC.

Principal Place of Business

1625 SE 3RD AVE. SUITE 723
FT LAUDERDALE FL 33316

Mailing Address

1625 SE 3RD AVE. SUITE 723
FT LAUDERDALE FL 33316

[Handwritten signature]

REINSTATEMENT 2002



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

02/12/2001

5. FEI Number

65-1149765

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	AMKO, CARL C	1625 SE 3RD AVE, SUITE 723	FT LAUDERDALE FL 33316
D	O'ROURKE, AIDEN	1625 SE 3RD AVE, SUITE 723	FT LAUDERDALE FL 33316
D	ARMAND, LUCIEN	1625 SE 3RD AVE, SUITE 723	FT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

MORAITIS, ROBERT J
1310 SE 3RD AVE
FT LAUDERDALE FL 33316

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

[Handwritten signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-5-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/12/02

Date

X 954-523-7408

Daytime Phone #