


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 APR -6 PM 3:55

DOCUMENT # P01000089473

1. Corporation Name

AARON KAGHAN P.A.

REINSTATEMENT 03-04

2. Principal Office Address <u>7118 Osprey</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Hobe Sound, FL</u>		City & State <u>F</u>	
Zip <u>33455</u>	Country <u>U.S.A.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>8/30/2001</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>450474836</u>	Not Applicable <input type="checkbox"/>
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 <u>AARON KAGHAN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7118 Osprey</u>	
Suite, Apt. #, Etc.	
City <u>Hobe Sound, FL</u>	State <u>FL</u>
	Zip Code <u>33455</u>

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 <u>A. Kagan</u>	Date <u>4-1-04</u>
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
<u>MGR</u>	<u>AARON KAGHAN</u>	<u>7118 Osprey, Hobe Snd, FL 33455</u>	
<u>MGR</u>	<u>KATHY KAGHAN</u>	<u>7118 Osprey, Hobe Sound, FL</u>	

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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 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: <u>A. Kagan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-1-04</u> Daytime Phone #

CR2E001 (01/04)