

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -4 PM 2:34

DOCUMENT # P02000078927

1. Corporation Name

Audiology and Hearing Aids of the Palm Beaches, Inc.

2. Principal Office Address - No P.O. Box #

4266 North Lake Blvd

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33410

Country

USA

3. Mailing Office Address

196 W DuBois Ave

Suite, Apt. #, etc.

City & State

DuBois, Pa.

Zip

15801

Country

USA

900163787309
12/18/09--01037--016 **1058.75

CR2E081 (11/09)
08-10

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/2002

5. FEI Number

540-2066932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dawn A Foust

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

4349 Mariners Cove Dr

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33467

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	Richard W Foust	111 Bergamot Way	Bellefonte, Pa 16823
Sec	Dawn A Foust	111 Bergamot Way	Bellefonte, Pa 16823

10. E-mail Address: lbfinance@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Dawn A. Foust

DAWN A. FOUST

12/14/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #