

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAY -2 PM 4: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094646

1. Corporation Name

JASON ARONSON O.D., P.A.

2. Principal Office Address

9848 ROYAL PALM BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

Zip

33065

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/30/02

5. FEI Number

45-0486394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

PAUL J. LANE

Street Address (P.O. Box Number is Not Acceptable)  
2755 E. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.  
SUITE 300

City

FT LAUDERDALE

State

FL

Zip Code

33306

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
P,D	JASON ARONSON	9848 ROYAL PALM BLVD.	CORAL SPRINGS, FL. 33065
			800054340738 05/12/05--01074--004 **450.00

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:

*Jason Aronson*

JASON ARONSON, PRES.

4-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/05)

5/10/05

2/2

**JASON ARONSON O.D., P.A.**  
**9848 ROYAL PALM BLVD.**  
**Coral Springs, Fl. 33065**  
**Tel. 954-263-2338**

April 29, 2005

Corporate Reinstatement  
Division of Corporation  
409 E. Gaines St.  
Tallahassee, Fl. 32399

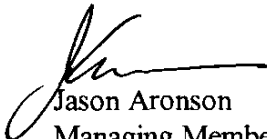
Re: Letter of Non-Receipt of 2003-2004 UBR – Document # P02000094646  
JASON ARONSON O.D., P.A.

To Whom It May Concern:

I am the President of Jason Aronson O.D., P.A. and would state that neither the 2003 nor 2004 UBR for the Company with Ref. No. P02000094646 were received. The Company moved its location and such form was apparently not forwarded.

Attached please find the completed UBR/Application for Reinstatement, and payment of \$450.00 being \$150.00 for each of the years 2003, 2004 and 2005.

Thank you for your cooperation.

  
Jason Aronson  
Managing Member  
Encs.