

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 4:08

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000097105**

1. Corporation Name

**Friendship Hearing Aid Center
INC**

2. Principal Office Address

836 pinebrook plaza
Suite, Apt. #, etc.

3. Mailing Office Address

836 pinebrook plaza
Suite, Apt. #, etc.

City & State

Venice

City & State

Venice

Zip

34285

Country

SARASOTA

Zip

34285

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

200198772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

DOUGLAS RANKIN

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

836 pinebrook plaza

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

900061523769
11/17/05 01050 013 ***900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-22-05

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	DOUGLAS W. RANKIN	10323 Spoonbill Rd W.	Bradenton FL 34209

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-05 941-488-8892

Daytime Phone #