

DOCUMENT # 804 000 134 542

1. Corporation Name

Donna M Aumick RPT PA

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

8428 NW 14th St.

Suite, Apt. #, etc.

3. Mailing Office Address

8428 NW 14th St.

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33071

Country

Broward

City & State

Coral Springs FL

Zip

33071

Country

Broward

7. Name and Address of Current Registered Agent

Name

Donna Aumick

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

8428 NW 14th St.

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

Donna Aumick

REGISTERED AGENT MUST SIGN

Date 11/7/08

☒ 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.

4. Date Incorporated or Qualified To Do Business in Florida

9/27/04

5. FEI Number

03-0549299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	Donna Aumick	8428 NW 14 th St.	Coral Springs FL 33071

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 contained in Chapter 119, 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:

Donna Aumick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/08

Date

954-655-3022

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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