

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023115

1. Corporation Name

ARON INTERNATIONAL CORP.

2. Principal Office Address

6161 DUNCAN RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 512111

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL.

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

Zip

33951

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/93

5. FEI Number

65-0399031

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

JOHN M. WILLIAMS

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

6161 DUNCAN RD

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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

John M. Williams

REGISTERED AGENT MUST SIGN

Date 5/15/02

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>PH/S/D</u>	<u>JOHN M. WILLIAMS</u>	<u>6161 DUNCAN RD</u>	<u>PUNTA GORDA, FL 33950</u>
<u>V/D</u>	<u>NORA S. WILLIAMS</u>	<u>6161 DUNCAN RD</u>	<u>PUNTA GORDA, FL 33950</u>

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

John M. Williams JOHN WILLIAMS

Date

5/15/02

Daytime Phone #

941-639-7233

CR2E081 (9/01)

2 of 2

Express Mail Postage \$12.45

ARON INTERNATIONAL CORP.  
PO BOX 512111  
PUNTA GORDA, FL 33951

MAY 15, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Application for corporation reinstatement

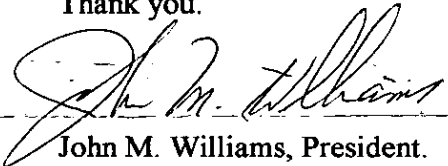
To Whom It May Concern:

I am enclosing an application form and a check of \$608.75 as suggested by the agent I spoke with today; I believe I need a Certificate of Status. I understand an explanation is required for report delinquency since this corporation was dissolved in 1999.

I have no recollection of receipt of the annual report form but can't honestly say for sure that it didn't come. Both parents died in New Hampshire a few months apart in 1999, and I was hospitalized with congestive heart failure and ramifications which ultimately required implantation of a combination pacemaker/defibrillator. If the report came during that time, it may well have been overlooked; I can not attest either way.

Please review my application and advise if anything additional is required in order to process this reinstatement.

Thank you.



John M. Williams, President.