

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 18 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010445

1. Corporation Name

ADVANCED ENDOSCOPIC SPECIALTISTS, INC.

Principal Place of Business

Mailing Address

509 OLEANDER LANE
DELRAY BEACH FL 33483

509 OLEANDER LANE
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0646163

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SCHULTZ, PETER A	509 OLEANDER LANE	DELRAY BEACH FL 33483
SD	JORGE-SCHULTZ, CARMELITA	509 OLEANDER LANE	DELRAY BEACH FL 33483

8000003447548--S
-11/01/00--01101--005
****400.00 ****400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRCMC, INC
C/O BLANK ROME COMISKY ET AL
1200 N FEDERAL HWY STE 309
BOCA RATON FL 33432

Name

CARMELITA JORGE

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

509 OLEANDER LANE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carmelita Jorge
REGISTERED AGENT MUST SIGN

Date

10/16/00

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 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:

Carmelita Jorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

561 995-1070