

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

79.1

00 DEC -6 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY OF STATE  
CORPORATIONS

DOCUMENT # P98-99834

1. Corporation Name

ENDO-AID, Inc.

2. Principal Office Address

174 S. Collier Blvd

Suite, Apt. #, etc.

#305

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

3. Mailing Office Address

150 Christa Court

Suite, Apt. #, etc.

City & State

Ball Ground, GA

Zip

30107

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3554635

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

Kirk A. JACOBSON

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

174 S. Collier Blvd

Suite, Apt. #, Etc.

#305

City

MARCO ISLAND

State  
FL

Zip Code

34145

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

12/6/2000

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.	Kirk A. JACOBSON	150 Christa Court	Ball Ground, GA 30107

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk A. JACOBSON

12/6/00

(561)485-0585

Daytime Phone #

CR2E081 (9/99)

ENDO-AID, Inc. - KIRK JACOBSON - Pres.

December 6, 2000

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TO Whom It MAY CONCERN:

P98-  
99834

PLEASE ACCEPT THIS CHECK FOR \$150.00 FOR THE UBR,  
FORMERLY THE ANNUAL BUSINESS REPORT FORM. OUR  
SECRETARY DID MAIL IN YOUR ORIGINAL FORM WITH  
AN ACCOMPANYING CHECK FOR \$150.00 IN APRIL, 2000.

THANK YOU FOR YOUR HELP IN THIS MATTER.

PLEASE WAIVE ANY LATE FEES OR PENALTIES.

  
Kirk Jacobson