

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **53014**

1. Corporation Name

AARDS, INC.

2. Principal Office Address

2845 Aventura Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Aventura, FL

Zip

Country

33180

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/91

5. FEI Number

65-0901240

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

Norman B. Gaylis, MD

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

2845 Aventura Blvd.

Suite, Apt. #, Etc.

Suite 100

City

Aventura

State
FL

Zip Code

33180

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

10/7/02

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Norman B. Gaylis, MD | 2845 Aventura Blvd., #100 | Aventura, FL 33180 |
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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

8/8/02

Date

(305) 652 6676

Daytime Phone #

CR2E081 (9/01)

Norman B. Gaylis, MD
2845 Aventura Boulevard, Suite 100
Aventura, Florida 33180

272

September 18, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: AARDS, Inc.
Documents # SE3014

To Who it May Concern:

Enclosed is an application for corporation reinstatement along with a check for \$600 for the reinstatement fee. We are requesting that the additional fees be waived as the original reports were not received.

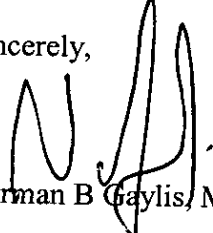
The last report which was filed was prior to when the doctor took back his practice and did not contain the proper mailing address for the company. The form was not forwarded to the doctor. It was only upon entering into a recent transaction that he was informed by the other party that the corporation was not current.

In addition to the reinstatement application we have enclosed an amendment to the articles of incorporation and corporate resolution regarding a name change for the corporation from AARDS, Inc. to Norman B. Gaylis, MD, PA. A separate check for the \$35 amendment filing fee is also enclosed.

If you have any questions please contact me at the above address.

Thank you for your assistance with this matter.

Sincerely,


Norman B. Gaylis, MD

NBG/ibs

enc