

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 22 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

DOCUMENT # V41948

1. Corporation Name

Arnold Aaron, DO, PA

2. Principal Office Address

9737 Parkview Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do, Business in Florida

5. FEI Number

65-0337120

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

Keith W. Meisel, ESquire

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

712 US Highway One

Suite, Apt. #, Etc.

Suite 230

City

North Palm Beach,

State

FL

Zip Code

33408

600005694686-0
-06/06/02-01054-024
****300.00 ****300.00

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

[Signature]

Date 5/20/02

REGISTERED AGENT MUST SIGN

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
D	Arnold Aaron	9737 parkview Avenue	Boca Raton, FL 33428

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:

Arnold H. Aaron D.O. P.A. 5/17/02 561-470-1517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Keith W. Meisel, P.A.

Attorney at Law

Pavilion Office Center

*712 U.S. Highway One, Suite 230
North Palm Beach, Florida 33408-4521*

Telephone (561) 842-1025

Fax (561) 842-1375

May 20, 2002

Department of State
Division of Corporations
Reinstatements
PO Box 6327
Tallahassee, FL 32314

Re: Arnold Aaron, D.O., P.A.

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement form and our client's check in the amount of \$300.00 for the reinstatement fee.

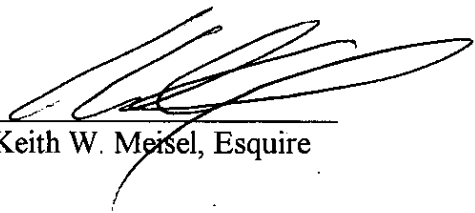
Please be advised that my client sold his business in February 2000. It has just come to our attention that all of his mail delivered to the old address was either destroyed and/or never forwarded to Dr. Aaron. It is my understanding that due to these reasons, your office has agreed to waive the reinstatement fee.

Should you have any questions, please feel free to contact me.

Very truly yours,

KEITH W. MEISEL, P.A.

By:


Keith W. Meisel, Esquire

KWM/cw
Enclosures
cc: Client