

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
96 NOV 12 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **711147**

1. Corporation Name  
**DEED CLUB CHILDREN'S CANCER CLINIC, INC.**

Principal Place of Business <b>C/O PHYLLIS MEYERS 1475 N.W. 12TH AVE. D-84 MIAMI FL 33136</b>	Mailing Address <b>C/O PHYLLIS MEYERS 1475 N.W. 12TH AVE. D-84 MIAMI FL 33136</b>
--	--



**REINSTATEMENT** 1996 <sup>MWB</sup> 11-15-96

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 <b>07/12/1988</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>50-6194507</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MEYERS, PHYLLIS	9000 W BAY HARBOR DRIVE	BAY HARBOR FL 33154
VD	MILLER, DOROTHY	10153 COLLINS AVENUE	BAL HARBOR FL 33154
VD	DWORKIN, MICKEY	10360 W BAY HARBOR DRIVE	BAY HARBOR IS FL 33154
SD	SPECTOR, ETHYL	1500 STILLWATER DRIVE	MIAMI BEACH FL 33141
T	MILGRAM, SHIRLEE B	<del>20005 TORRE-GIR</del> 1010 CORKWOOD STREET	<del>8000 RATCH FE</del> Hollywood, FL 33019

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>HALPERN, BARRY L</b> 2901 SOUTH BAYSHORE DRIVE SUITE 1400 MIAMI FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		900002008699--B -11/19/96--01157--007 Suite 236-25 Zip Code 33125 FL	

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: Barry L Halpern REGISTERED AGENT MUST SIGN Date: 11/6/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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: Phyllis Meyers **PHYSICIAN REQUIRED** Date: 11/5/96 305-8645212 Daytime Phone #

**PHYLLIS MEYERS**

CORP-500 (7/96)