

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

0002

FILED

02 FEB 27 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 711147

1. Corporation Name

DEED CLUB CHILDREN'S CANCER CLINIC, INC.

Principal Place of Business

Mailing Address

C/O PHYLLIS MEYERS  
1475 N.W. 12TH AVE. D-84  
MIAMI FL 33136

C/O PHYLLIS MEYERS  
1475 N.W. 12TH AVE. D-84  
MIAMI FL 33136

901 NW 17th St. STE G  
MIAMI, FLORIDA 33136  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

901 NW 17th St. STE G  
MIAMI, FL 33136



*[Handwritten signature]*

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date incorporated or Qualified To Do Business in Florida

07/12/1966

5. FEI Number

59-6194507

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for Certificate of Status

City & State

City & State

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MEYERS, PHYLLIS	9800 W BAY HARBOR DRIVE	BAY HARBOR FL 33154
VD	MILLER, DOROTHY	10155 COLLINS AVENUE	BAL HARBOR FL 33154
VP	SPECTOR, ETHYL	1580 STILLWATER DRIVE	MIAMI BEACH FL 33141
ST	MILGRIM, SHIRIEE BLUMENTHAL TREAS.	1000 DIPLOMAT PKWY	HOLLYWOOD FL 33019
			700005180327--1 -04/01/02--01078--013 ****367.50 ****367.50

8. Name and Address of Current Registered Agent

HALPERN, BARRY L.  
2600 DOUGLAS RD 2650 BISCAYNE BLVD.  
SUITE 911  
CORAL GABLES FL 33134 MIAMI, FLA. 33137

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

*[Handwritten signature of Barry L. Halpern]*

REGISTERED AGENT MUST SIGN

Date 1/16/02

11. I certify that I am an officer or director of 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:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02  
Date

305-864-5417  
Daytime Phone #

CR2E040 (8/00)