

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002873

1. Corporation Name

The Amyotrophic Lateral Sclerosis Association, INC.

2. Principal Office Address - No P.O. Box #

27001 Agoura Road

Suite, Apt. #, etc.

Suite 250

City & State

Calabasas Hills

Zip

91301-5104

Country

USA

3. Mailing Office Address

27001 Agoura Road

Suite, Apt. #, etc.

Suite 250

City & State

Calabasas Hills

Zip

91301-5104

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

#221E

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

**Diana Urrego, Special Secretary**

Date **03/03/2010**

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
Pres & CEO	Jane H. Gilbert	27001 Agoura Road, Suite 250	Calabasas Hills, CA 91301-5104
Chairman	Jay Daugherty	12214 Washington Court	Kansas City, MO 64145
Treas & CFO	Benjamin S. Ohrenstein	354 Lancaster Avenue, Suite 105	Haverford, PA 19041-1300
VP, Finance	John W. Applegate	27001 Agoura Road, Suite 250	Calabasas Hills, CA 91301-5104
Vice Chairman	Robin R. Ganzert	200 Market Street, Suite 1700	Philadelphia, PA 19103
Secretary	Laural Winston	37473 Sky Light Road	Palm Dessert, CA 92211-1337

10. E-mail Address: rabad@alsa-national.org

(To be used for future annual report notification)

11. 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, I further certify, 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:

John W. Applegate, Vice President, Finance

03/03/2010

818-587-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 12 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

200172000132  
03/12/10--01024--007 \*\*367.50

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/07/1985

5. FEI Number  
13-3271855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

203/15