

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:59

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 04-05

DOCUMENT # N0000007078  
1. Corporation Name  
CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC.  
820 LAKE KATHRYN CIRCLE  
CASSELBERRY, FL 32707

2. Principal Office Address 820 LAKE KATHRYN CIRCLE		3. Mailing Office Address 820 LAKE KATHRYN CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CASSELBERRY FL		City & State CASSELBERRY FL	
Zip 32707	Country SEMINOLE	Zip 32707	Country SEMINOLE

4. Date Incorporated or Qualified To Do Business in Florida 10/24/2000	
5. FEI Number 59-3677500	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
DAVID C. CROWDER, CPA

Street Address (P.O. Box Number is Not Acceptable)  
820 LAKE KATHRYN CIRCLE

Suite, Apt. #, Etc.

City  
CASSELBERRY

State  
FL

Zip Code  
32707

700055532127  
05/31/05--01065--005 \*\*306.25

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 5/20/05

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	ALAN S GASSMAN	1245 COURT STREET STE 102	CLEARWATER FL 33756
D	GERALD BORNSTEIN	3009 ALOMA AVENUE	WINTER PARK FL 32792
D	KEITH MOORE	7824 LAKE UNDERHILL STE A	ORLANDO FL 32822
D	JANE-MARIE RALEY	10055 UNIVERSITY BLVD	ORLANDO FL 32817
D	WILLIAM R GRATSCH	1294 REGENCY PLACE	HEATHROW FL 32746
D	ROBERT FRILEN	2828 CASA ALOMA AVENUE	WINTER PARK FL 32792

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: Robert H. Frilen ROBERT H. FRILEN Date 5/27/2005 Daytime Phone # 407-677-6500

CR2E081 (01/05)