1952

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 22 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name: ANSWER4CANCER.ORG, INC.

N14000008924

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2061 VININGS CIR	11924 FOREST HILL BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 10A-292
City & State	City & State
WELLINGTON, FL	WELLINGTON, FL
Zip / Country	Zip / Country
33414 / USA	33414 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/2014

5. FEI Number: ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301

000280820350

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: _____ Courtney Williams Asst. Vice President Date: 12.22.15

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
PD	ERIKA REGAN	2061 VININGS CIR	WELLINGTON, FL 33414 US
TD	SARANSH SHARMA	20 DESCANSO DRIVE #1164	SAN JOSE, CA 95134 US
SD	VICTOR OLIVEIRA	14-43 136TH STREET	COLLEGE POINT, NY 11356 US

10. E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Erika Regan ERIKA REGAN 12-18-15 561460411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 918052 7954727

AUTHORIZATION :

COST LIMIT : $ 236.25

ORDER DATE : December 18, 2015

ORDER TIME : 9:48 AM

ORDER NO. : 918052-005

CUSTOMER NO: 7954727

RECEIVED
15 DEC 22 AM 11:02
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: ANSWER4CANCER.ORG, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____