PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
96 OCT -2 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19175**

1. Corporation Name

THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
5101 N.W. 21st Ave., #440 *Ft. Lauderdale, FL 33309*	~~1001 W CYPRESS CREEK RD~~ ~~SUITE 207,~~ ~~F. LAUDERDALE FL 33309~~ ~~$~~

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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
5101 NW 21 AVE,	
Suite, Apt. #, etc.: Suite # 440	Suite, Apt. #, etc.: Same
City & State: Ft. Lauderdale, FL	City & State
Zip: 33309 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/1987

5. FEI Number: 59-2774916 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~TD~~ PD	~~SOHIMMED, PAULA~~ Palma, Lynne	~~3610 N. 52ND AVE.~~ 2710 NE 40 ST	~~HOLLYWOOD FL 33021~~ Ft. Lauderdale, FL 33308
~~PD~~ VD	~~EDISON, NANCY~~ Cohen, Ellen	~~3251 N. 37 ST.~~ 480 Alexander Circle	~~HOLLYWOOD FL 33021~~ Ft. Lauderdale, FL 33326-3308
~~PD~~ TD	~~DRESCHER, ANNE~~ Russo, Betsy	~~120 S.W. 101 TERR~~ 2656 NE 37th Drive	~~PLANTATION FL 33324~~ Ft. Lauderdale, FL 33308
~~SD~~ VD	~~PALMA, LYNNE~~ Marcus, Rochelle	~~2710 N.E. 40 ST.~~ 6058 NW 71st Terrace	~~FT LAUDERDALE FL 33308~~ Parkland, FL 33067
~~SD~~ SD	~~AST, JOANNE~~ Fauer, Linda	~~6180 S.W. 51 CT.~~ 701 Intracoastal Drive	~~DAVIE FL 33314~~ Ft. Lauderdale, FL 33304

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PETERSON, CYNTHIA S ~~1001 W CYPRESS CREEK RD~~ 5101 NW 21 AVE ~~SUITE 207~~ → Suite # 440 ~~FT. LAUDERDALE FL 33309~~ – Ft. Lauderdale, FL 33309	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: Cynthia S. Peterson Date: 9-26-96
REGISTERED AGENT MUST SIGN

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)(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: Lynne Palma Sept 24, 1996 (954) 566-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lynne Palma

CR2E040 (7/96)