FILED

08 AUG -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23383

1. Corporation Name
National Neurofibromatosis Foundation, Inc.

01/28/08 01043 015 #163.75

REINSTATEMENT 94-08 KS

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2460 Royal Oak Dr. | SAME |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: TALLAHASSEE, FL | City & State |
| Zip: 32308 Country: USA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 3/14/89

5. FEI Number: 13-2298956 ☐ 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: Suzanne Earle

Street Address (P.O. Box Number is Not Acceptable): 725 36th Avenue North

Suite, Apt. #, Etc.

City: St. Petersburg State: FL Zip Code: 33704

☑ 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.

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: Suzanne Earle (REGISTERED AGENT MUST SIGN) Date: 7/30/2008

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. | Hannah Ehrli | 6147 Donegal Dr. | Orlando, FL. 32819 |
| V.P. | Cristina Fernandez-Valle | 1011 Willa Like Cir. | Oviedo, FL 32769 |
| Sec. | Carol Schiff Duby | 18319 Hawhidane Road | Ft. Myers, FL 33967 |
| Dir. | Michael Schmale | 455 Ridgewood Road | Key Biscayne, FL 33149 |
| Dir. | Sarah Lopez | 1969 S. Alafaya Trail | Orlando, FL 32819 |
| Dir. | Sonia V. Esposito | 5503 Pine Shade Ct. | Orlando, FL 32814 |

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 contained in Chapter 119, 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: Hannah Ehrli Hannah Ehrli 7/30/08 407-909-1946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #