

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 711147

1. Corporation Name

DEED CLUB CHILDREN'S CANCER CLINIC, INC.

FILED
96 NOV 12 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O PHYLLIS MEYERS
1475 N.W. 12TH AVE. D-84
MIAMI FL 33136

C/O PHYLLIS MEYERS
1475 N.W. 12TH AVE. D-84
MIAMI FL 33136

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-6194507

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MEYERS, PHYLLIS	9800 W BAY HARBOR DRIVE	BAY HARBOR FL 33154
VD	MILLER, DOROTHY	10153 COLLINS AVENUE	BAL HARBOR FL 33154
VD	DWORKIN, MICKEY	10350 W BAY HARBOR DRIVE	BAY HARBOR IS FL 33154
SD	SPECTOR, ETHYL	1500 STILLWATER DRIVE	MIAMI BEACH FL 33141
T	MILGRAM, SHIRLEE B	2000 TORRE-GIR 1010 CORKWOOD STREET	800A RATCH FL Hollywood, FL 33019

8. Name and Address of Current Registered Agent

HALPERIN, BARRY L
2801 SOUTH BAYSHORE DRIVE
SUITE 1400
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

900002008699--B

Suite, Apt. #, Etc.

-11/19/96--01157--007

City

Suite

Zip Code

FL

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

Barry L Halperin
REGISTERED AGENT MUST SIGN

Date 11/6/96

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)(l), 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:

Phyllis Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHYLLIS MEYERS

11/5/96 305-8645212
Date Daytime Phone