

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731442

1. Corporation Name

VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

108 S ST ANDREWS DR  
ORMOND BEACH FL 32174  
US

108 S ST ANDREWS DR  
ORMOND BEACH FL 32174  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Raymond Phelan CPA  
Suite, Apt. #, etc.  
623 N. Grandview Ave  
City & State  
Daytona Beach FL  
Zip 32118 Country USA

3. New Mailing Office Address, If Applicable

Raymond Phelan, CPA  
Suite, Apt. #, etc.  
623 N. Grandview Ave.  
City & State  
Daytona Beach FL  
Zip 32118 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1974

5. FEI Number

23-7420808

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD PD	BLACK, SUSAN	11 NOBLE WOODS WAY 27 Brook Crest Way	ORMOND BEACH FL 32174
PD	DOLINER, BARBARA	108 S ST ANDREWS DR	ORMOND BEACH FL 32174
ST TD	DINICOLA, LISA	88 HOLLOW BRANCH CROSSING 1419 Oak Forest Drive	ORMOND BCH FL 32174
TD	Cortez, Nancy	25 Rio Pinar Trail	Ormond Beach FL 32174
SD	Velez, Teresa	17 Coguin Ridge Way	Ormond Beach FL 32174
REINSTATEMENT		100003514947-8	-12/28/00--01006--017 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

DOLINER, BARBARA  
108 S ST ANDREWS DR  
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name  
Raymond Phelan CPA  
Street Address (P.O. Box Number is Not Acceptable)  
623 N. Grandview Ave.  
Suite, Apt. #, Etc.  
Daytona Beach  
City FL Zip Code 32118

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

REGISTERED AGENT MUST SIGN

Date 10/30/00

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., 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:

SUSAN B. BLACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan B. Black

10-30-00

Date

904 6721726

Daytime Phone #