

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 10 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733812

1. Corporation Name

ALS ASSOCIATION- SOUTHERN FLORIDA CHAPTER, INC.

Principal Place of Business

1020 COUNTRY CLUB DR.
P-107
MARGATE FL 33093
US

Mailing Address

1020 COUNTRY CLUB DR.
MARGATE FL 33063



REINSTATEMENT-00-01

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

2. New Principal Office Address, If Applicable

4631 NW 31st Ave,
Suite, Apt. #, etc.
#166

City & State
Fort Lauderdale, FL

Zip 33309 Country USA

3. New Mailing Office Address, If Applicable

4631 NW 31st Ave
Suite, Apt. #, etc.
#166

City & State
Fort Lauderdale, FL

Zip 33309 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1975

5. FEI Number

59-1647857

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
PD (D)	MOSKOWITZ, LILLIAN Lisa Bell	1020 COUNTRY CLUB DR 3374 NW 47 AVE	Coconut Creek, FL MARGATE, FL 00000 33093 33063
VP (D)	COWAN, PHYLLIS Carol Gunter	1020 COUNTRY CLUB DR 18930 NW 44 th AVE	MARGATE FL 33093 OPA LACKA, FL 33055-2620
ST (D)	GENTILE, ELEANOR Gail Scarpitta	1055 COUNTRY CLUB DR 5520 LAKEWOOD Circle N APT. #614	MARGATE, FL 33093 MARGATE, FL 33063
			000003856589-2 03/16/01-01100-001 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

LILLIAN MOSKOWITZ Lisa Bell
1020 COUNTRY CLUB DR. 3374 NW 47 AVE
P-107 Coconut Creek, FL
MARGATE FL 33063 33063

9. Name and Address of New Registered Agent

Name Lisa Bell
Street Address (P.O. Box Number is Not Acceptable)
3374 NW 47 AVE
Suite, Apt. #, Etc.
City Coconut Creek State FL Zip Code 33063

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/29/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/29/00

954
972-5515
Daytime Phone #