

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 AM 10:21

DOCUMENT # 740171

1. Corporation Name

ALLERGY-IMMUNOLOGY RESEARCH FOUNDATION OF ORLANDO, INC.

Principal Place of Business

Mailing Address

303 E. PAR STREET
ORLANDO FL 32804

303 E. PAR STREET
ORLANDO FL 32804



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable

3206 Middlesex Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3206 Middlesex
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1977

5. FEI Number

59-1789066

Applied For

Not Applicable

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KLOTZ, SOLOMON D.	3206 MIDDLESEX	ORLANDO FL DELETE
D	MCSWAIN, IRVIN	2255 SMILEY AVE.	WINTER PARK FL
D	WEST, BETTY	303 E PAR ST 816 Hillary Ct	ORLANDO FL Longwood FL
D	KLOTZ, Harriet	3206 middlesex rd	ORLANDO, FL
			500003222095-1 -04/25/00--01010--011 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

KLOTZ, SOLOMON D
303 E PAR ST
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

KLOTZ, Harriet

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

3206 Middlesex Rd

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

Harriet Klotz

REQUIRED

Date 2/1/00

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE:

Betty West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 407-846-3951
Date Daytime Phone #