

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 29 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746687

1. Corporation Name

The South Florida Chapter of the Dysautonomia Foundation, Inc.

2. Principal Office Address - No P.O. Box #

10422 NW 24 Place

Suite, Apt. #, etc.

201

City & State

Sunrise FL

Zip

33322

Country

3. Mailing Office Address

10422 NW 24 Place

Suite, Apt. #, etc.

201

City & State

Sunrise FL

Zip

33322

Country

REINSTATEMENT

\$245.00

CR2E081 (1/07)

04-67

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-09-1979

5. FEI Number

51-0248444

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

Doris Eisner

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

10422 NW 24 Place

Suite, Apt. #, Etc.

201

City

Sunrise FL

State

FL

Zip Code

33322



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

X Doris Eisner

REGISTERED AGENT MUST SIGN

Date *X 10-25-07*

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
President	Nora Blake	10304 Sunrise Lakes Blvd.	Sunrise FL 33322
VPRESIDENT	Beth Grossman	10422 NW 24 Place, #208	Sunrise FL 33322
Treasurer	Doris Eisner	10422 NW 24 Place, #201	Sunrise, FL 33322

800111453748
10/29/07--01051--021 **665.00

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

X Doris Eisner - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

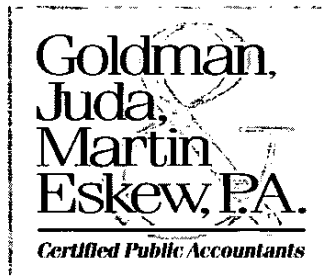
Date

924-572-1890
10-25-07

Daytime Phone #

B. Mitchell OCT 29 2007

20f2



October 25, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The South Florida Chapter of Dysautonomia Foundation, Inc.
Document number 746687
Federal Identification number 51-0248444
2007 Corporation Reinstatement Application

Dear Sir:

Please be advised that the taxpayer referred to above did not received the prior notices to file their annual report. Their mailing address was listed incorrectly as 10422 NW 44 place, instead of 24th place. Attached is the reinstatement application and a check for the full amount of \$665 which includes the reinstatement fee. We respectfully request that you abate the reinstatement fee and reimburse the taxpayer for the difference.

Thank you for your cooperation regarding this matter.

Sincerely,

Nancy A. Ricardo
For the Firm:

Enc