## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILFD Jim Smith FOR Secretary of State REINSTATEM 02 NOV 14 PM 12: 57 **DIVISION OF CORPORATIONS** DOCUMENT # SECRETARY OF STATE FALLARIASSEE, FLORIDA 1. Corporation Name THE NATIONAL FUND FOR SR. ARLINE'S CANCER RESEAR CH. INC. Principal Place of Business Mailing Address P.O. BOX 2434 P.O. BOX 2434 PALM BEACH FL 33480 PALM BEACH FL 33480 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 Date Incorporated or Qualified To Do Business in Florida 05/04/1979 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Numbor Applied For 11-2283249 City & State City & State Not Applicable Zip Country Zip \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director D COLEMAN, DR. AVA 400 N FLAGLER DR W PALM BCH. FL D RABIDOUX, CAROLYN A 1659 BRANDYWINE RD APT 6117 WEST PALM BEACH FL 33409 BENN, HERBERT B 112 MONROE DRIVE W PALM BCH FL 800008976398° <u> 11713702--01080--004 \*\*61.2</u>5 Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RABIDOUX JR. MRS EDWARD Street Address (P.O. Box Number is Not Acceptable) 1659 BRANDYWINE RD 2854 Tennis Club WEST PALM BEACH FL 33409 State Zip Code 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. or 617.0505, F.S. Signature of Registered Agent 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

trits remistatement 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

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crossed in the mail, you may call (850) 486-9000 to verify the ining. You may disregard this notice if the 2002 annual report/uniform business report has been filed.

To return a dissolved/revoked corporation-to "active" status, the corporation must reinstate. The form to reinstate is enclosed in this packet. The signatures of the registered agent <u>and</u> an officer or director must be on the reinstatement form. (If the same individual serves as the registered agent as well as an officer or director, he or she must sign in both capacities.)

Filing fee information to reinstate is shown on the back of the form. The reinstatement fee can be waived if the corporation did not receive the two prior uniform business report (UBR) notices. Our office will need to receive the completed application for reinstatement and the appropriate UBR filing fee and a letter, signed by an officer or director of the corporation, stating the prior UBR notices were not received. The fee to file the report without penalty is \$150.00 for a for-profit corporation and \$61.25 for a not-for-profit corporation.

Did not recrive May notice - Mid-May became offergic to a medication - By sud of June could not wall-confined to hospital and newseng home until mid. August-I'm still mawalked (\* Carry M. Rabidoux)