

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002060**

1. Corporation Name

AIDS RELIEF FUND, INC.

Principal Place of Business

420 LINCOLN ROAD
SUITE 357
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD
SUITE 357
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/24/1996

5. FEI Number

13-3818249

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	RUBENSTEIN, KENNETH N	135 OCEAN DRIVE, APT 414	MIAMI BEACH FL 33139
VD	CLAYBAUGH, WINN	1435 TEMPLE HILLS DRIVE	LAGUNA BEACH CA 92651
S	ANGELL, NATHAN	88 LEXINGTON AVENUE, STE 16G	NEW YORK NY
STD	RUBENSTEIN-JOHNSON, ROZ R	652 PETALUMA AVENUE, STE J	SEBASTAPOL CA 95472
D	ATHERTON, MARY	400 KNIGHTSBRIDGE PKWY	LINCOLNSHIRE IL
ED	DEJORIA, JOHN P	26455 GOLDEN VALLEY ROAD	SANTA CLARITA CA

8. Name and Address of Current Registered Agent

RUBENSTEIN, KENNETH N
135 OCEAN DRIVE, STE 414
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/18/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 (305) 634-0772

(2)

AIDS RELIEF FUND
FOR BEAUTY PROFESSIONALS

420 LINCOLN ROAD
SUITE 357
MIAMI BEACH FL 33139
(305) 674-0772
FAX: (305) 674-0070
AIDSFUND@BELLSOUTH.NET

PWA HOTLINE:
(800) 725-AIDS

WORLD WIDE WEB SITE:
WWW.AIDSRELIEFFUND.ORG

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NOVEMBER, 1998

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REVLON PROFESSIONAL

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NOTE:

HANDWRITTEN NOTES INDICATE OFFICERS OF THE BOARD.