PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 NOV 16 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 99000002148

1. Corporation Name
Cure for Lymphoma Foundation

2. Principal Office Address		**3.** Mailing Office Address	
215 Lexington Avenue		215 Lexington Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: New York, NY		City & State: New York, NY	
Zip: 10016	Country: USA	Zip: 10016	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/1999

5. FEI Number: 13-3703565 ☐ 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: Errol M. Cook

800003496828--1
-12/12/00--01040--023
****236.25 ****236.25

Street Address (P.O. Box Number is Not Acceptable): 7101 Lyons Head Lane

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33496

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: [signature] Date: 11/8/00

REGISTERED AGENT MUST SIGN

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
	See attached.		

REINSTATEMENT 00 TS

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 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: Jerry Trundlich 11/08/00 (212) 213-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/99)

CURE FOR LYMPHOMA FOUNDATION 13-3703565

LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION
JERRY FREUNDLICH 1136 FIFTH AVE NEW YORK,NY 10128	PRES/DIR AS REQ
KATHRYN ADAMS 1 ROCK RIDGE AVE GREENWICH,CT 06831	VP/DIR AS REQ
ERROL M. COOK 76 MOHAWK RD SHORT HILLS,N.J. 07078	EXEC VP/TREAS/DIR AS REQ
ALAN J. HIRSCHFIELD C\O DATA BROADCASTING CORP. 3490 CLUBHOUSE DR.-BOX 1-2 WILSON,WY 83014	VP/DIR AS REQ
LEONARD M. ROSEN C\O WACHTEL,LIPTON,ROSEN&KATZ 51 WEST 52 ST N.Y.,N.Y. 10019	VP/DIR AS REQ
BARBARA FREUNDLICH 1136 FIFTH AVE N.Y.,N.Y. 10128	SECY/DIR AS REQ
JOSEPH R BERTINO, MD C\O MEMORIAL SLOAN KETTERING CANCER 1275 YORK AVE N.Y.,N.Y. 10021	DIRECTOR AS REQ

LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION
DIANE BLUM, M.S.W. C\O CANCER CARE INC. 275 SEVVENTH AVE. N.Y.,N.Y. 10001	DIRECTOR AS REQ
MORTON COLEMAN, M.D. C\O WEILL MEDICAL COLLEGE 111 EAST 85 ST N.Y.,N.Y. 10028	DIRECTOR AS REQ
ROBERT E FISCHER C\O WOLF BLOCK,SCHORR&SOLIS-COHEN 625 PARK AVE.-STE 2D N.Y.,N.Y. 10021	DIRECTOR AS REQ
RICHARD GOLDBERG C\O I GOLDBERG 115 TWINBRIDGE PENNSAUKEN,N.J. 08110	DIRECTOR AS REQ
WENDY S. HARPHAM. M.D. 7628 CHALKSTONE DR DALLAS TX 75248	DIRECTOR AS REQ
ARTHUR H. ROSENBERG, M.D. C\O GREENWICH HOSPITAL PAVILLION 77 LAFAYETTE PLACE GREENWICH,CT 06830	DIRECTOR AS REQ
ELLEN L. STOVALL C\O NCCS	DIRECTOR AS REQ

CURE FOR LYMPHOMA FOUNDATION 13-3703565

LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION
1010 WAYNE AVE.-STE 770 SILVER SPRING,MD. 29010	
LEWIS M. TAFFER C\O AMERICAN EXPRESS WORLD FINANCIAL CTR N.Y.,N.Y. 10285	DIRECTOR AS REQ
BOBBI WARREN 111 DUNCAN DR GREENWICH,CT 06831	DIRECTOR AS REQ
ILENE PENN MILLER C/O CURE FOR LYMPHOMA FDTN 215 LEXINGTON AVE NEW YORK,N.Y.10016	EXEC DIR AS REQ

GRAND TOTALS