

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED 1052
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 DEC 21 PM 4:58

DOCUMENT # 10000002053

1. Corporation Name

National AIDS Awareness Foundation, Inc.

2. Principal Office Address

426 San Marino Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139-1136

Country

USA

3. Mailing Office Address

777 S. Flagler Drive

Suite, Apt. #, etc.

909, East Tower

City & State

West Palm Beach, FL

Zip

33401

Country

USA

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

3/29/2000

5. FEI Number

52-2229982

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

David B. Thornburgh, MD

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

426 San Marino Drive

Suite, Apt. #, Etc.

City

Miami Beach, FL

State

FL

Zip Code

33139

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

David B. Thornburgh
REGISTERED AGENT MUST SIGN

Date 12/11/01

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
D/P/C	David B. Thornburgh	426 San Marino Drive	Miami Beach, FL 33139-1136
D/V	Sara Gomez de Ferro	777 S. Flagler Dr 909E	W Palm Beach, FL 33401
d/s/t	Andrea Ferrari	777 S. Flagler Dr 909E	W Palm Beach, FL 33401

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:

David B. Thornburgh

12/11/01

561-366-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

National AIDS Awareness Foundation, Inc.

426 West San Marino Drive
Miami Beach, Florida 33139
305.531.9838
305.673.3309 (fax)

December 11, 2001

RE: Waiver of Reinstatement Fee

Department of State
Division of Corporations
State of Florida
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

We are requesting that our foundation, National AIDS Awareness Foundation, Inc. be reinstated without penalty since the 2000 annual report due March 2001 and the follow-up request for the 2001 annual report due June 2001 were returned by the US Post Office to the Department of State due to an error in the address.

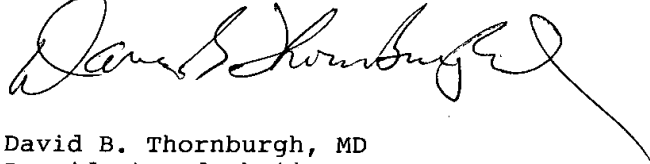
* In addition, Notice of Dissolution was to be received in September 2001 and was also returned by the Post Office.

The address on the letters, after speaking with personnel in Tallahassee, was correct and it was the Post Office who erred in not delivering the notices.

Therefore, we are sending a Corporation Reinstatement Request with the proper filing fees enclosed. Please note the correct address'.

Thank you for your attention and cooperation in this matter

Sincerely,



David B. Thornburgh, MD
President and Chairman