

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 DEC 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 00000002054

**1. Corporation Name**

World Health Medical Research  
Foundation, Inc.

**2. Principal Office Address**

26 San Marino Drive

Suite, Apt. #, etc.

City & State

Miami Beach, Fl

Zip

33139-1136

Country

USA

**3. Mailing Office Address**

777 S. Flagler Dr. 909E

Suite, Apt. #, etc.

Suite 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**

65-0996472

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

REGISTERED AGENT MUST SIGN

Date 12/11/2001

**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	Andrea Ferrari	777 S. Flagler Dr. 909E	W Palm Beach, Fl 33401
D/S/T	Sara Gomez de Ferro	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/01

Date

561-366-8901

Daytime Phone #

CR2E081 (9/00)

2 of 2

**World Health Medical Research Foundation, Inc.**

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

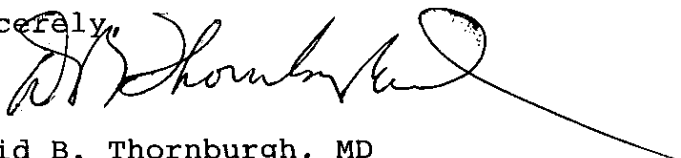
We are requesting that our foundation, World Health Medical Research Foundation, Inc., be reinstated without penalty since the annual report due March 2001 and the follow-up request for the annual report due June 2001 were returned by the US Post Office to the Department of State due to an error in the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

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

The address that appeared on the letters, after having spoken with personnel in Tallahassee, was correct and it was the Post Office who had in fact erred in not delivering the notices.

Therefore, we are sending a Corporate 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