

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 46 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006388

1. Corporation Name

Universal Cancer Foundation Inc

2. Principal Office Address

6484 Sugartree Dr.
Suite, Apt. #, etc.
Springhill

3. Mailing Office Address

6484 Sugartree Dr.
Suite, Apt. #, etc.
Springhill

City & State

Fl. 34607

City & State

Fl. 34607

Zip

Country

Hernando

Zip

Country

Hernando

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3654420

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

SINHA PURENDRA P.

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

6484 Sugartree Drive

Suite, Apt. #, Etc.

City

SPRINGHILL

100054212911

05/10/05 - 01054-023 - 44306 25

State

FL

Zip Code

34607

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

3/21/05

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
① PRESIDENT	SINHA PURENDRA P.	6484 Sugartree Drive Springhill FL 34607	
② Treasurer	SINHA PUSHPA	6484 Sugartree Dr.	Springhill Fl 34607
③ Secretary	AMITA IANNONE	6484 Sugartree Dr.	Springhill Fl 34607

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/05 352-597-1470

Daytime Phone #

CR2E081 (01/05)