

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**07 MAR**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
 07 MAR 19 AM 10:43  
 OFFICE OF THE SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N000000006388

1. Corporation Name

UNIVERSAL CANCER  
 FOUNDATION, Inc.

000095886170  
 04/05/07--01033--001 \*\*\$61.25

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

6484 SUGAR  
 TREE DR.

3. Mailing Office Address

6484 Sugartree  
 Drive

City & State

Springhill

City & State

Springhill, FL

Zip

34607

Country

USA

Zip

34607

Country

USA

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

PURENDRA. P. SINHA.

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

6484 Sugartree Drive

Suite, Apt. #, Etc.

City

Springhill

State

FL

Zip Code

34607

☐ The reinstatement fee is imposed, except in  
 circumstances which the entity did not receive  
 the prior notices. By checking this box, you  
 are certifying the prior notices were not  
 received and requesting the reinstatement  
 fee be waived.

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



Date 3/15/07

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
President	Purendra P. Sinha	6484 Sugartree Dr. Springhill FL 34607	
Secretary & Treasurer	Pushpa Sinha	6484 Sugartree Dr.	Springhill, FL 34607
Members:		7/3/02	
①	Sumita Ashrafi	Stratford Road	Richmond VA
②	N.N. Verma	New Delhi	India

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 contained in Chapter 119, 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:   
 PURENDRA. P. SINHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

Daytime Phone #

352-288  
 9306