

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:59

DOCUMENT # **N00000007078**

1. Corporation Name

CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC.
820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

2. Principal Office Address

820 LAKE KATHRYN CIRCLE

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

Zip

32707

Country

SEMINOLE

3. Mailing Office Address

820 LAKE KATHRYN CIRCLE

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

Zip

32707

Country

SEMINOLE

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

10/24/2000

5. FEI Number

59-3677500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

DAVID C. CROWDER, CPA

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

820 LAKE KATHRYN CIRCLE

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

5/20/05

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	ALAN S GASSMAN	1245 COURT STREET STE 102	CLEARWATER FL 33756
D	GERALD BORNSTEIN	3009 ALOMA AVENUE	WINTER PARK FL 32792
D	KEITH MOORE	7824 LAKE UNDERHILL STE A	ORLANDO FL 32822
D	JANE-MARIE RALEY	10055 UNIVERSITY BLVD	ORLANDO FL 32817
D	WILLIAM R GRATSCH	1294 REGENCY PLACE	HEATHROW FL 32746
D	ROBERT FRILEN	2828 CASA ALOMA AVENUE	WINTER PARK FL 32792

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:

Robert H. Frilen ROBERT H. FRILEN

Date

5/27/2005

Daytime Phone #

407-677
6500

CR2E081 (01/05)