

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 20 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 ~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02

DOCUMENT # N01000003262
1. Corporation Name The Florida MS Center Foundation, Inc.

2. Principal Office Address 1655 27th Street Suite, Apt. #, etc. Suite 2 City & State Vero Beach, FL Zip 32960		Country Indian River		3. Mailing Office Address 1655 27th Street Suite, Apt. #, etc. Suite 2 City & State Vero Beach, FL Zip 32960		Country Indian River	
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4. Date Incorporated or Qualified To Do Business in Florida 05/04/01		Applied For
5. FEI Number 65-1103696		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Thomas W. Tierney		Street Address (P.O. Box Number is Not Acceptable) 5070 North Highway A-1-A, Suite 200		100009351211 12/04/02--01045--016 **245.00	
Suite, Apt. #, Etc. Suite 200		State FL	Zip Code 32963	City Vero Beach	

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 Thomas W. Tierney Date 12/16/02
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
C/D	Robin W. Williams	2614 Cardinal Drive	Vero Beach, FL 32963
T/D	Andrew W. Williams	2614 Cardinal Drive	Vero Beach, FL 32963
P/D	Michael J. O'Grady, Jr.	351006th Place, S.W.	Vero Beach, FL 32968
VC/D	Helen Shafer	6458 55th Square	Vero Beach, FL 32967
			AR 12/27

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: Robin W. Williams ROBIN W. WILLIAMS 12/13/02 772-399-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)