

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005410

1. Corporation Name

ALS ANGELS FOUNDATION, INC.

Principal Place of Business

12299 RIVERFALLS CT.  
BOCA RATON FL 33428

Mailing Address

12299 RIVERFALLS CT.  
BOCA RATON FL 33428



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650822014

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARROLD, JAMES M	12299 RIVERFALLS CT.	BOCA RATON FL 33428
D	CHAIKLIN, ROBERT N	8470 NADMAR AVE.	BOCA RATON FL 33434
D	JACOBS, ALAN P	5890 NW 21ST AVE.	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

HAROLD, JAMES M  
12299 RIVERFALLS CT.  
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-5-02

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-02

Daytime Phone #

561-783  
6329

CR2E040 (8/02)

November 1, 2002

Florida Department of State  
Jim Smith, Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314

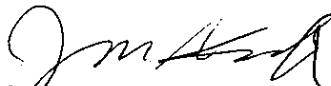
Dear Secretary Smith,

I was shocked to receive the notice of dissolution for our corporation. After reading the IMPORTANT FACTS section, it is stated that the penalty can be waived if we did not receive the two prior UBR notices. I can assure you we did not and therefore I have enclosed the standard fee, along with my sincere apologies.

Please contact me if there is anything I can do or provide.

Thank you for your consideration regarding this matter.

Sincerely,



James Harrold, President  
ALS Angels Foundation