

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007337

1. Corporation Name

TAMPA FRIEND OF A FRIEND ALS FOUNDATION INC.

Principal Place of Business

Mailing Address

1314 CARISSA CT.
TAMPA FL 33604

1314 CARISSA CT.
TAMPA FL 33604



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

10/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3755022

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCANIO, VINCENT IV	1314 CARISSA CT. CARISSA	TAMPA FL 33604
VD	CURA, DAVID	3103 W. BURKE	TAMPA FL 33614
SD	CORDOVEZ, LORENZO	2920 W. BURKE	TAMPA FL 33614
TD	CURA, MARCUS	5002 W. DICKENS ST. AVE.	TAMPA FL 33629
VD	CURA, DAVID	5004 W. DICKENS AVE	TAMPA, FL 33629
SD	CORDOVEZ, LORENZO	4744 WHISPERING WIND	TAMPA, FL 33614

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SISSON, LARRY

218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Vincent Scanio IV
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Vincent Scanio IV
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 (813) 363-1174

FOF ALS GOLF CLASSIC

VINCE SCANIO IV
PRESIDENT

VICE PRESIDENTS

SAMMY ARENA
LORENZO CORDOVES
DAVID CURA
MARCOS CURA
JESSE G. PEREZ

DIRECTORS

KRISTINA ARENA
MELISSA CURA
SHANNON CORDOVES
YVETTE GONZALES
HEATH HARDIN
DEAN HOLBERT
ANGELA HOVSEPIAN
DANA LAZARA
SHAWN LOREDO
JENNIFER MCINTOSH
DINA PEREZ
DARRIN SCANIO
DINO SCANIO
YVETTE SCANIO
KRISTA SEOANE
MIKE SEOANE

1925 W. CLINTON STREET
TAMPA, FLORIDA 33604
TEL: (813) 932-9679

**FRIEND OF A FRIEND ALS
FOUNDATION**

A NON-PROFIT CHARITABLE
ORGANIZATION DEDICATED
TO THE RESEARCH FOR A
CURE FOR AMYOTROPHIC
LATERAL SCLEROSIS (ALS)
DISEASE

To whom it may Concern,

*The FOF ALS Foundation did
not receive any reinstatement
paper's prior to this form, or
dissolution or revocation. In
speaking to one of your representatives
I was told to send note stating
this, with the enclosed paper work
and proper renewal amount of
61.25 plus 8.75 for Certificate of
Status.*

*Thank you
Frederic Acord Jr
President.*