

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 FEB 26 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007620

1. Corporation Name

CONNECTING FOR THE CURE FOUNDATION CORP.

100091015841
03/06/07--01026--024 **183.75

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #
12585 N.W. 76 Street

Suite, Apt. #, etc.
N/A

City & State
PARKLAND FLORIDA

Zip
33076

Country
USA

3. Mailing Office Address
12585 N.W. 76 Street

Suite, Apt. #, etc.
N/A

City & State
PARKLAND FLORIDA

Zip
33076

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 08/03/2004

5. FEI Number 20-1455481

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
MARK GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)
12585 N.W. 76 STREET

Suite, Apt. #, Etc.
N/A

City
PARKLAND

State
FL

Zip Code
33076

☒ 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
REGISTERED AGENT MUST SIGN

Date 2/16/07

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
T/S/D	MARK Goldstein	12585 N.W. 76 Street	PARKLAND, FL 33076
P/D	BROOKE Goldstein	12585 N.W. 76 Street	PARKLAND, FL 33076
D	Gregg Goldstein	12585 N.W. 76 Street	PARKLAND, FL 33076
D	EDWARD Miller	99 Needham Street	Newton, MA 02461

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 954-649-3779
Date Daytime Phone #

2/27