# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

# CORPORATION REINSTATEMENT

## EGG DONATION & SURROGACY PROFESSIONAL ASSOCIATION, I

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $358.75 |

$183.75

Please credit the reinstatement fee

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 MAY 28 P 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000011820

1. Corporation Name
EGG Donation & Surrogacy Professional Association, Inc.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 1802 N. Alafaya Trail | | 1802 N. Alafaya Trail | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Orlando, FL | | City & State: Orlando, FL | |
| Zip: 32826 | Country: USA | Zip: 32826 | Country: USA |

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida: 09/14/2007

5. FEI Number: 26-0189786 ☐ 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: Robert Terenzio

Street Address (P.O. Box Number is Not Acceptable): 1802 N. Alafaya Trail

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32826

☑ 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: _____ Date: 4/28/09
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 |
|---|---|---|---|
| Dir. | Robert T. Terenzio | 1802 N. Alafaya Trail | Orlando, FL 32826 |
| Dir. | Sharon Lamothe | 1101 231 PL. NE. | Sammamish, WA 98074 |
| Dir. | Theresa Erickson | 14269 Danielson Street | Poway, CA 92064 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT
07-09

10. I certify that I am an officer or director of 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 that the officers 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: Robert T. Terenzio Chairman of Board 4/28/09 407 992 6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert T. Terenzio Director, Chairman of Board 4/28/09