


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000002010 1. Entity Name IN LIFE CANCER FOUNDATION, INC.						FILED 09 NOV -4 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 910 E. MEMORIAL BOULEVARD LAKELAND, FL 33801				Mailing Address 910 E. MEMORIAL BOULEVARD LAKELAND, FL 33801			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-8445932				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THE RINALDO LAW FIRM, P.A. 1102 SOUTH FLORIDA AVENUE LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name Fernando Jacome Street Address (P.O. Box Number is Not Acceptable) 910 E. Memorial Blvd. City LAKELAND FL Zip Code 33801			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Fernando Jacome</u> DATE <u>10/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating)</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIANG, SUSAN C 910 E. MEMORIAL BOULEVARD, SUITE 1340 LAKELAND, FL 33801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chiang, Ying C. 910 E. Memorial Blvd. LAKELAND FL 33801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIANG, GEORGE Y 910 E. MEMORIAL BOULEVARD, SUITE 1341 LAKELAND, FL 33801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIANG, JOHNNY Y 910 E. MEMORIAL BOULEVARD LAKELAND, FL 33801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMEJO, BARBARA A 910 E. MEMORIAL BOULEVARD, SUITE 1102 LAKELAND, FL 33801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Ying C. Chiang</u> DATE <u>10/29/08</u> DAYTIME PHONE # <u>407-319-8883</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

11/5aw