

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24490**

1. Corporation Name

**South Florida Neurofibromatosis
Association, Inc**

2. Principal Office Address

201 East Sample Rd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1988/1/25

5. FEI Number

650030434

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

SANDRA C. GRADY, Esq.

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

3524 N. Federal Hwy

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33308

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

Sandra C. Grady
REGISTERED AGENT MUST SIGN

Date

10/29/03

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
Pres.	SANDRA C. GRADY	3524 N Fed Hwy	Ft. Lauderdale FL 33308
V.P.	Rick DeSanto	2601 E. Oakland Park #501 BLVD.	Ft. Lauderdale FL 33306
Sec.	Ann Korngean	20811 San Simeon Way	No. Miami Beach, FL 33179

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 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:

Sandra C. Grady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03

Daytime Phone #

954 5663667

FILED

03 OCT 31 AM 10:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**300024576843
11/12/03--01002--002 **\$1.25**

CR2E081 (10/02)

NEUROFIBROMATOSIS
CENTER



October 27, 2003

TINA ROBERTS
DEPT. OF STATE
DIV. OF CORP.
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Ms. Roberts,

We never received annual corp. form
for document # N24490 for the year
2003.

I understand we were canceled on
Sept. 19, 2003. Please reinstate us
and waive penalty fees.

Enclosed is a check in the amount of
\$61.25. for filing fee.

Thank you

Sandra Grady C.E.

CORRECT ADDRESS:

SOUTH FL. NEUROFIBROMATOSIS ASSOCIATION, INC.
201 EAST SAMPLE ROAD
POMPAÑO BEACH, FL. 33064

