

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 22 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N25064

1. Corporation Name

THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business

123 S. ADAMS ST.  
P.O. BOX 10269  
TALLAHASSEE FL 32302

Mailing Address

123 S. ADAMS ST.  
P.O. BOX 10269  
TALLAHASSEE FL 32302



REINSTATEMENT

98

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

02/26/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2896690

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEOD	FOY, DONALD F SR.	123 SOUTH ADAMS	TALLAHASSEE FL 32301
PD	<del>KIMMEL, CAROL</del> Molinet, Kathy	<del>330 TAMM LANE</del> 1837 SE 7th Street	<del>VENICE FL 33285</del> Ft. Lauderdale, FL 33316
TD	<del>BAGBY, MARGARET</del> Winchester, Carol	<del>708 LASHA DRIVE</del> 1736 Tarpon Drive	<del>VENICE FL 33285</del> Tallahassee, FL 32308
VPD	HILL, EMILY	4595 FRANCISCO ROAD	PENSACOLA FL 32504
S	<del>SEYMORE, HIRSH</del> Rubenstein, Betty	<del>602 SW 36 LANE</del> 13301 Ponderosa Way	<del>OCALA FL 34747</del> Ft. Myers, FL 33907

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOY, DONALD F SR.  
123 SOUTH ADAMS STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of Registered Agent

*Donald F. Foy*  
REGISTERED AGENT MUST SIGN

Date

12/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

*Donald F. Foy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #