

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

358.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002546

1. Corporation Name

CANCER LEAGUE, INC.

2. Principal Office Address - No P.O. Box #

44 WEST FLAGLER STREET

Suite, Apt. #, etc.

1250

City & State

MIAMI, FLORIDA

Zip

33130

Country

USA

3. Mailing Office Address

44 WEST FLAGLER STREET

Suite, Apt. #, etc.

1250

City & State

MIAMI, FLORIDA

Zip

33130

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 7, 1993

5. FEI Number
59-1706090

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

JOHN B. OSTROW

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

44 WEST FLAGLER STREET

Suite, Apt. #, Etc.

1250

City

MIAMI

State

FL

Zip Code

33130

☐ 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 **MARCH 6, 2008**

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
CP/T	JANE OSTROW	50 E. SUNRISE AVENUE	CORAL GABLES, FL 33133
D	PAULINE BROOKS	1310 100TH STREET	BAL HARBOUR, FL 33154
CP	JOHN OSTROW	50 E. SUNRISE AVENUE	CORAL GABLES, FL 33133
D	LEE STEINBERG	5255 COLLINS AVENUE	MIAMI, FL 33158

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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:

JOHN OSTROW

03/06/2008

305-358-1496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #