

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003976

1. Corporation Name

UNITED FOUNDATION FOR AIDS, INC.

Principal Place of Business

600 ALTON RD
ROOM 1004
MIAMI BEACH FL 33139
US

Mailing Address

600 ALTON RD
ROOM 1004
MIAMI BEACH FL 33139
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1993

5. FEI Number

65-0437363

Applied For

Not Applicable

6. 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | COHEN, MARC | 800 WEST AVE., #720 | MIAMI BEACH FL 33139 |
| S | BROWN, RICHARD | 1700 CONVENTION CENTER DRIVE | MIAMI BEACH FL |
| VPD | GALBUT, JOYCE | 600 ALTON ROAD | MIAMI BEACH FL |
| TD | ZUBKOFF, BARBARA | 600 ALTON ROAD SUITE 401 | MIAMI BEACH FL |
| VP | TURNER, ARI LYNN | 90 NE 96TH ST | MIAMI SHORES FL 33138 |
| | | | |

8. Name and Address of Current Registered Agent

ZUBKOFF, WILLIAM
600 ALTON RD
SUITE 401
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 14 Nov, 2002

11. 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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 672-2100
14 Nov, 2002