

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

attm: **STACY PRATT** 11/22 PM 12:44
please **SECRETARY OF STATE**
TALLAHASSEE FLORIDA
Thanks so much!
Angela M.

DOCUMENT # N94000003596

1. Corporation Name

THE GENETIC RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~19 PAUL STENBERG-ESQ.~~
~~787 ARTHUR GODFREY RD.~~
~~MIAMI BEACH FL 33140~~

~~19 PAUL STENBERG-ESQ.~~
~~787 ARTHUR GODFREY RD.~~
~~MIAMI BEACH FL 33140~~

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

2. New Principal Office Address, If Applicable

40 ANGELA MASSON → *name*

Suite, Apt. #, etc.

4484 ADAMS AVE

City & State

MIAMI BEACH

Zip

FL 33140 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1984

5. FEI Number **65-070-753B**

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	MASSON, JOHN W M.D.	10400 WOODRIDGE	TOLUCA LAKE CA 91802
VD	MASSON, MARGARET J R.N.	10400 WOODRIDGE	TOLUCA LAKE CA 91802
STD	MASSON, GAYL A PH.D.	731 W. 34TH ST.	MIAMI BEACH FL 33140
D	MASSON, LISA M M.D.	505 BARRINGHAM LANE	MODESTO CA 95305
D	PROVENZANO, JOSEPH J D.O.	505 BARRINGHAM LANE	MODESTO CA 95305
D	DALENCOUR, LESLIE	2385 PINETREE DR., #1	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~STENBERG, PAUL D-ESQ.~~
~~787 ARTHUR GODFREY RD.~~
~~MIAMI BEACH FL 33140~~

ANGELA MASSON
4484 ADAMS AVE
MIAMI BEACH
FL 33140

Name

ANGELA MASSON

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

4484 ADAMS AVE

Suite, Apt. #, Etc.

MIAMI BEACH

City

State

Zip Code

FL 33140

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

ANGELA MASSON **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11/20/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

ANGELA MASSON **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96

Date

Daytime Phone #

200002014402--6
-11/26/96--01105--001
*****236.25 ***236.25**
(305) 351-7577

CR2000 (7/96)