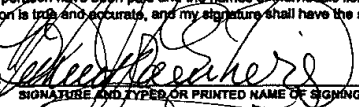


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002845			
1. Corporation Name THE CHURG-STRAUSS SYNDROME FOUNDATION, INC.			
2. Principal Office Address 2 St. Andrews Ct. Suite, Apt. #, etc.		3. Mailing Office Address 2 St. Andrews Ct. Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32084	Country USA	Zip 32084	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-2405978	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
		8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Michael J. Greenberg, PhD			
Street Address (P.O. Box Number is Not Acceptable) 2 St. Andrews Ct.			
Suite, Apt. #, Etc.			
City St. Augustine		State FL	Zip Code 32084
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 		Date 10-09-01	
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
D	Robert Lebovits, M.D.	425 W. 59th St.	New York, NY 10019
P	Michael J. Greenberg	2 St. Andrews Ct.	St. Augustine, FL 32084
D	Gary S. Hoffman	9500 Euclid Ave.	Cleveland OH 44195
D	Chandi Syed	48 Amanda Dr.	Toronto, ON M1V-1C9, Canada
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)(f), 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 		Michael J. Greenberg	10-09-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	904-824-1083
			Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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