

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000003561**

**1. Corporation Name**

The Pulmonary Hypertension Association, Inc.

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

801 Roeder Road

Suite, Apt. #, etc.

Suite 400

City & State

Silver Spring, MD

Zip

20910

Country

USA

**3. Mailing Office Address**

801 Roeder Road

Suite, Apt. #, etc.

Suite 400

City & State

Silver Spring, MD

Zip

20910

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Mr. Austin Carr, Esq.

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

1313 Ponce de Leon Blvd

Suite, Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

**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

*Austin Carr*

REGISTERED AGENT MUST SIGN

Date

3/19/09

**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
C/T	Mr. Carl Hicks	320 Point Fosdick Pl, NW	Gig Harbor, WA 98335
V-C/T	Ms. Laura D'Anna	241 Mira Mar Ave.	Long Beach, CA 90803
S-T	Ms. Linda Carr	1048 Ibis Ave	Miami Springs, FL 33166
T-T	Mr. Roger Towle	20 Willow Lane	Grove City, PA 16127
T	Mr. Jack Stibbs	11079 So. Hidden Oaks	Conroe, TX 77384
T	Ms. Betty Lou Wojciechowski	24232 Chrisanta Dr	Mission Viejo, CA 92691

**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:**

*Linda Carr*

LINDA CARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/09

Date

Daytime Phone #

FILED

09 MAR 27 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700147720437

03/27/09--01032--004 \*\*367.50

REINSTATEMENT 07-09

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

June 18, 1998

**5. FEI Number**

65-0880021

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.