

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000003947**

1. Corporation Name

BREAST CANCER SURVIVOR NETWORK CORPORATION

Principal Place of Business

221 SE 34TH AVE
BOYNTON BEACH FL 33435

Mailing Address

221 SE 34TH AVE
BOYNTON BEACH FL 33435

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

07/06/1998

5. FEI Number

65-0846311

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
P/D	PARSONS, MINDY	221 SE 34TH AVENUE	BOYNTON BEACH FL 33435
S/D	MILZAREK, JOSEPHINE	13461 NORTHUMBERLAND CIRCLE	WELLINGTON FL 33414
-V/D	EASLEY, KATHY	2141 ASCOTT ROAD	JUNO ISLES FL 33408
T/D	SHERIN-LIEBMAN, PATRICIA	3126 EMBASSY DRIVE	WEST PALM BEACH FL 33401
			100003459981--0 -11/13/00--01003--002
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

PARSONS, MINDY
221 SE 34TH AVE
BOYNTON BEACH FL 33435

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

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

Mindy Parsons
REGISTERED AGENT MUST SIGN

Date 10.17.00

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:

Josephine M. Milzarek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Josephine M. MILZAREK

10-17-00
Date

753-8263
Daytime Phone #

FILED

00 OCT 24 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

00

CFR2040 (900)

KE

1-561-

753-8263