

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 13 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004772

1. Corporation Name

Crohn's Disease Research, Inc.

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

701 West Morse Blvd.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL.

Zip

32789

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

700149706887
04/13/09--01014--022 **726.25
CR2E081 (12/08)

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01-09
August 17, 1998

5. FEI Number

59-3532287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IRA SHAFRAN, M.D.

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

701 WEST MORSE BLVD.

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

☐ 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.

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 03.30.09

REGISTERED AGENT MUST SIGN

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
DIRECTOR	IRA SHAFRAN, M.D.	1004 TEMPLE GROVE	WINTER PARK, FL. 32789
DIRECTOR of Development	PATRICIA M. BURGUNDER	1301 NEWCASTLE DRIVE	ORLANDO, FL. 32806
DIRECTOR of Research	PEGGY A. GALVIS, RN.	278 SAN GABRIEL STREET	WINTER SPRINGS, FL. 32708
DIRECTOR of Marketing	ANITA SHAFRAN	1004 TEMPLE GROVE	WINTER PARK, FL. 32789
Treasurer	SHERRI N. POILLION	5365 Mt. PLYMOUTH Road.	APOPKA, FL. 32712

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.30.09

Date

407.629.8121

Daytime Phone #