## APELICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9900003364

1. Corporation Name

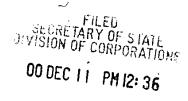
SIGNATURE:

## THE WELLINGTON MEDICAL RESEARCH FOUNDATION, INC

Principal Place of Business

Mailing Address

10101 FOREST HILL BLVD. WEST PALM BEACH FL 33414 10101 FOREST HILL BLVD. WEST PALM BEACH FL 33414



If above a	iddresses are inc	correct in any way, line thr	ough incorrect in	nformation ar	nd enter o	correction below.	REINS	TATEME	NT_	00_	
				ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #				etc.			06/01/1999  5. FENNIMBER				
City & State City & State							Not Applicable				
Zip Country Zi			Zip	Zip		/	6. CERTIFICATE	OF STATUS DESIRED		ditional Fee require ertificate of Status	d
7. Names	and Street Addre	esses of Each Officer and	or Director (Flo	rida nonprof	it corpora	tions must list at lea	ast 3 directors)				]
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	MILLER, ALAN B			367 S. GULPH ROAD				KING OF PRUSSIA PA 19406			
D	GIBET, BRUCE A. Gribert, BRUCE B.			367 S. GULPH ROAD				KING OF PRUSSIA PA 19406			
D	D BOYER, GREGORY E Di Lallo, Kevin			10101 F	OREST	HILL BLVD.		WEST PALM BEACH FL 33414			
				Jh. Mi			09-05-00 90026 050 \$61.20 1000035095091 -12/21/0001002020				.25
								****175.00 ****175.00			
8. Name and Address of Current Registered Agent								ne and Address of New Registered Agent			
C T CORPORATION SYSTEM						Name Street Address (P.O. Box Number is Not Acceptable)					CR2E040 (8/00)
1200 SOUTH PINE ISLAND ROAD							22				-ZEO
PLANTATION FL 33324				Suite, Apt. #, Etc.			<b>.</b>				0
					City			State Zip Code			
10. I, being Signature o Registered	11	egistered agent of the about	ye named consc ALL STERED AG		Ass	istant Vice			4/00		
this rein owed by	statement applic y the corporation	cer or director or the resei cation, the reason for disson have been paid and the e and accurate, and my si	olution has been names of individ	eliminated, luals listed o	the corpo n this fon	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 or 6	317.0401, F	.S., that all fees	