# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 11 PM 12:36

DOCUMENT # N99000003364

1. Corporation Name

THE WELLINGTON MEDICAL RESEARCH FOUNDATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 10101 FOREST HILL BLVD.<br>WEST PALM BEACH FL 33414 | 10101 FOREST HILL BLVD.<br>WEST PALM BEACH FL 33414 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/1999

5. FEI Number: 65-0047113 ☐ 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 |
|---|---|---|---|
| D | MILLER, ALAN B | 367 S. GULPH ROAD | KING OF PRUSSIA PA 19406 |
| D | ~~GILBET, BRUCE R~~ Gilbert, Bruce R. | 367 S. GULPH ROAD | KING OF PRUSSIA PA 19406 |
| D | ~~BOYER, GREGORY E~~ DiLallo, Kevin | 10101 FOREST HILL BLVD. | WEST PALM BEACH FL 33414 |
| | | | |
| | | | |
| | | | |

09-05-00 90026 050 $61.25
900003509509--1
-12/21/00--01002--020
****175.00 ****175.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State: FL / Zip Code |

CR2E040 (8/00)

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: Mary Alice Rogers — MARY ALICE ROGERS, Assistant Vice President — Date: 12/6/00

REGISTERED AGENT MUST SIGN

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:** [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00 — Date

610.768.3300 — Daytime Phone #

0071958 AF