

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14678**

1. Corporation Name

**THE INTERNATIONAL ASSOCIATION OF CANCER VICTORS
AND FRIENDS, INC. CENTRAL FLORIDA CHAPTER**

Principal Place of Business

Mailing Address

BEARDALL CENTER
GORE AVENUE
ORLANDO FL
US

GRACE SNEAD
2804 OAK LANE
FERN PARK FL 32730
US

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

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

06/02/1987

5. FEI Number

95-4068631

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	KOONTZ, HARRY	5617 CLEARVIEW DR	ORLANDO FL 32819
T	SNEAD, GRACE A DECEASED	2804 OAK LANE	FERN PARK FL 32730
3	SNEAD, GRACE A DECEASED	2804 OAK LANE	FERN PARK FL 32730
VP	MARTIN, JOE VICE-PRESIDENT	2216 VINCENT ROAD	ORLANDO FL 32817
T	NUCKOLS, BILL	817 AGNES DRIVE	ALTAMONTE SPRINGS, FL 32701
			200024948782 11/24/03--01019--003 **113.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

KOONTZ, HARRY I
5617 CLEARVIEW DR
ORLANDO FL 32819

200024948782

11/24/03--01019--004 **61.25

200024948782
01/05/04--01051--002 **61.25

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JAN -5 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)