

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 OCT 27 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/27/05--01025--006 \*\*297.50

**REINSTATEMENT** 04-05

DOCUMENT # P14678

**1. Corporation Name**

The International Association of Cancer  
Victors and Friends, Inc. Florida chapter

**2. Principal Office Address**

I.W. Lane College of Integrated Medicine

Suite, Apt. #, etc.

45 N. Wymore rd

City & State

Winter Park, Florida

Zip

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

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

Koontz, Harry I

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

5617 Clearview drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

**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

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
Pres Sec	Harry I. Koontz	5617 Clearview dr	Orlando, FL 32819
VPres Treas	Joe Martin	2216 Vincent rd	Orlando, FL 32817
	Charles E. Burke	1309 N. Nowell St	Orlando, FL 32808

**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 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 #

407 351 1950

10/31/05