

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 24 PM 4:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14678

1. Corporation Name
THE INTERNATIONAL ASSOCIATION OF
CANCER VICTIMS AND FRIENDS, INC.
CENTRAL FLORIDA CHAPTER

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

5617 Clearview Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

5617 Clearview Dr.
Suite, Apt. #, etc.

City & State

Orlando, Fla

Zip 32819

Country

Orange

City & State

Orlando, Fla

Zip

32819

Country

Orange

10-26-07 01059 003 \$297.50
REINSTATEMENT 06-67

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. Name and Address of Current Registered Agent

Name Mr. Harry Koontz

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

5617 Clearview Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

☐ 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

Harry H. Koontz
REGISTERED AGENT MUST SIGN

Date 11-27-07

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
<u>PS</u>	<u>Koontz, Harry</u>	<u>5617 Clearview Dr</u>	<u>Orlando, Fla 32819</u>
<u>VP</u>	<u>Martin, Joe</u>	<u>2216 Vincent Rd</u>	<u>Orlando, Fla 32817</u>
<u>TRD</u>	<u>Burke, Charles</u>	<u>1309 N. Howell St</u>	<u>Orlando, Fla 32808</u>
	<u>12/24</u>		

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:

Harry H. Koontz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-07 407-351-1950
Date Daytime Phone #