

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -7 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33552

1. Corporation Name

Orphan Foundation of America Incorporated

500008326965--9
-10/11/02--01003--018
*****8.75 *****8.75

500008326965--9
-10/11/02--01003--018
****542.50 ****542.50

2. Principal Office Address

12020-D North Shore Dr

3. Mailing Office Address

12020-D North Shore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Reston

City & State

Reston

Zip

VA

Country

Fairfax

Zip

VA

Country

Fairfax

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

10/28/81

5. FEI Number

52-1238437

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Susan L. Eldredge

Susan L. Eldredge

Asst. Secretary & V. President

Date 9-16-02

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
R D	Philip Jacson	Rt. 1 #269	Charlestown WVA 25414
EP D	Eileen McCaffrey	12020-D North Shore Dr	Reston VA 20190
S D	Mary Eure	Sallie Mae	Reston VA 20101
T D	Gordon Bernhart	7309 Arlington Blvd	Falls Church Va 22042

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:

Eileen McCaffrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/21/2002 571-203-0270
Date Daytime Phone #

CR2E081 (9/01)

21 10/5/02