PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

P38120

DOCUMENT # P38120 1994 - 1996

1. Corporation Name

~~NATIONAL COMMUNITY AIDS PARTNERSHIP, INC.~~
National AIDS Fund *See Attachment

Mailing Address	Principal Place of Business
~~1140 CONNECTICUT AVE. NW.~~ ~~STE. #901~~ ~~WASHINGTON, DC 20036-4001~~	~~1140 CONNECTICUT AVE. NW.~~ ~~STE. #901~~ ~~WASHINGTON, DC 20036-4001~~

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
1400 I Street NW	1400 I Street NW
Suite, Apt. #, etc.: Suite 1220	Suite, Apt. #, etc.: Suite 1220
City & State: Washington, DC	City & State: Washington, DC
Zip: 20005 Country: USA	Zip: 20005 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1992

5. FEI Number: 52-1706646 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	~~ROGERS, DAVID E.~~ Hohn, Harry G.	~~1300 YORK AVE., RM. A127~~ 51 Madison Avenue	~~NEW YORK NY, 10010~~
V	~~ETZWILER, MARION G.~~	~~500 FOSHAY TOWER~~ 125 Yale Place	~~MINNEAPOLIS MN 55403~~
S	~~DE BETANCOURT, ETHEL R.~~	~~255 PONCE DE LEON AVE.~~	~~HATO REY PR 00917~~
T	~~GUDGER, ROBERT H.~~ Strohecker, Ben	~~P.O. BOX 1600 N/A~~ 85 Leavitt Street	~~STAMFORT CT,~~ Salem, MA 01970
D	~~BONTA, DIANA M.~~	~~P.O. BOX 6157 N/A~~	~~LONG BEACH CA~~
VP	~~BOWE, JOYCE M.~~	~~2 PARK AVE. 24TH FL.~~	~~NEW YORK NY~~

8. Name and Address of Current Registered Agent

SHACK, RUTH
200 S. BISCAYNE BLVD., SUITE 4770
MIAMI FL 33131-2343

9. Name and Address of New Registered Agent

Name: Shack, Ruth
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd
Suite, Apt. #, etc.: Suite 2780
City: Miami State: FL Zip Code: 33131-2343

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: Ruth Shack Date: September 7, 1995
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Benneville N. Strohecker

SIGNATURE: Benneville N. Strohecker Treasurer 8/9/95 508.745.7648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6/94)