

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 21 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38120

1. Corporation Name
National AIDS Fund

1030 15th Street, NW
1030 15th Street, NW

2. Principal Office Address
1030 15th Street, NW

Suite, Apt. #, etc.
860

City & State
Washington, DC

Zip Country
20005 USA

3. Mailing Office Address
1030 15th Street, NW

Suite, Apt. #, etc.
860

City & State
Washington, DC

Zip Country
20005 USA

REINSTATEMENT 99-04

4. Date Incorporated or Qualified
To Do Business in Florida 3/31/1992

5. FEI Number
52-1706646

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
Ruth Shack

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 2780

City
Miami

State Zip Code
FL 33132-2343

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

Ruth Shack
REGISTERED AGENT MUST SIGN

Date 12/16/04

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
P	Kandy Ferree	1030 15th Street, NW - Suite 860	Washington, DC 20005
C	John N. Scott	9744 Wilshire Boulevard #301	Beverly Hills, CA 90212
S	Gary R. Noble	One Johnson & Johnson Plaza	New Brunswick, NJ 08933
T	Channing Wickham	1400 16th Street, NW, Suite 740	Washington, DC 20036
			000043555900 12/21/04--01020--024 **551.25 <i>Dr. [Signature]</i>

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:

Kandy Ferree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-04

Date

202-408-4848 x 242

Daytime Phone #

CR2E081 (01/01)