


PS 1072

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

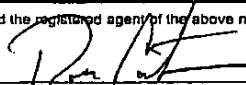
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> P94000065334					
<b>1. Corporation Name</b> Geffen Cancer Center AND RESEARCH INSTITUTE, INC					
<b>2. Principal Office Address</b> P.O. Box 1990			<b>3. Mailing Office Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> VERO BEACH, FL			<b>City &amp; State</b>		
<b>Zip</b> 32963	<b>Country</b> U.S.	<b>Zip</b>	<b>Country</b>	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/6/1994	
<b>5. FEI Number</b> 65-0849012				<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				<b>\$0.75 Additional Fee required for a Certificate of Status.</b>	

**REINSTATEMENT** 96-06

T. Roberts JUN 29 2006  
CR2E081 (12/05)

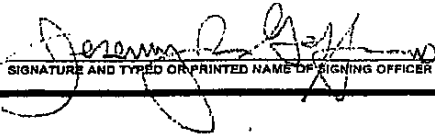
<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> ROSS COTHERMAN	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 400076438364 5070 HIGHWAY A1A	
<b>Suite, Apt. #, Etc.</b> 250	
<b>City</b> VERO BEACH	<b>State</b> FL <b>Zip Code</b> 32963

06/22/06--01037--017 \*\* 715.00

<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 5/10/06	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	JEREMY R. GEFFEN, MD	4450 ARAPAHOE SUITE 100	BOULDER, CO 80303

**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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/06

Date

303) 444-6814

Daytime Phone #

Pg 202

Geffen Cancer Center and Research Institute, Inc.  
PO Box 1990  
Vero Beach, FL  
(303) 444-6814

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6059

May 24, 2006

To Whom It May Concern:

According to the records currently available on the Florida Division of Corporations website, Geffen Cancer Center and Research Institute, Inc was dissolved on 8/23/96 (document number P94000065334). I am now initiating reactivation of this corporation in the state of Florida, as indicated by the enclosed documents and payment.

Unfortunately, and for unclear reasons, our office did not receive any annual report notices in the year of dissolution, or thereafter. Therefore, I am requesting that you please waive the reinstatement fees and accept the enclosed check as complete payment for all past-due years' annual report fees, corporate supplemental fees, and payment for a Certificate of Status as well.

Please don't hesitate to contact me if I can provide any additional information.

Thank you,

A handwritten signature in black ink, appearing to read "Jeremy R. Geffen MD". The signature is stylized with large, flowing loops.

Jeremy R. Geffen, MD  
President