

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 01 JAN 26 PM 3:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F99000005979

1. Corporation Name  
 ASSISTING DADS AND MOMS, INC.

Principal Place of Business Mailing Address  
~~P.O. BOX 420~~ ~~P.O. BOX 420~~  
~~EATONTOWN NJ 07724~~ ~~EATONTOWN NJ 07724~~



REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable 380 N.W. 67TH STREET		3. New Mailing Office Address, If Applicable (SAME AS #2)		4. Date Incorporated or Qualified To Do Business in Florida 11/17/1999 SP	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -		5. FEI Number 521793630	
City & State BOCA RATON, FLORIDA		City & State		Applied For Not Applicable	
Zip 33487	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
PCD	<del>ROSENBERG, TOM B.</del> ROSENBERG, TOM B.	380 N.W. 67TH STREET	BOCA RATON FL 33487
V	ROBINER, RON DR.	141 SARATOGA BLVD. EAST	ROYAL PALM BEACH FL 33411
SD	BECCIA, JACKIE	380 N.W. 67TH STREET	BOCA RATON FL 33487
D	STEINBERG, HURLEE MRS.	6722 VIA REGINA	BOCA RATON FL 33433
			000003661260-4 -02/08/01--01033--009 ****236.25 ****236.25
			000003661260-4 -02/08/01--01033--010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TODD, CHRISTOPHER ESQ. 6877 S.W. 10TH STREET, SUITE 141 BOCA RATON FL 33433		6855 S.W. 18TH ST SUITE 10	
Name		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		City	
State FL		Zip Code	

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 Christopher Todd Date 11-27-00  
 REGISTERED AGENT MUST SIGN

11. 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: Tom Rosenberg Date 12-01-00 Daytime Phone # 561-392-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)