

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

900024387619
11/03/03--01088--019 **245.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007715

1. Corporation Name
DISABLED PATRIOTS OF AMERICA, INCORPORATED

2. Principal Office Address
1670 NW 42 Street

3. Mailing Office Address
P.O. Box 7389

Suite, Apt. #, etc.

City & State
Oakland Park, Florida

City & State
Delray Beach, Florida

Zip Country
33309 USA

Zip Country
33482 USA

4. Date Incorporated or Qualified To Do Business in Florida
October 7, 2002

5. FEI Number 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
Maria Gallagher

Street Address (P.O. Box Number is Not Acceptable)
1670 NW 42 Street

Suite, Apt. #, Etc.

City
Oakland Park

State
FL

Zip Code
33309

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 *Maria Gallagher* Date **October 29, 2003**

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
P/T/D	Maria Gallagher	1670 NW 42 Street	Oakland Park, FL 33309

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Maria Gallagher* **Maria Gallagher** 10/29/03 248-395-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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