

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

900023743549
10/13/03--01020--001 **\$1.25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03 000001077

1. Corporation Name
NATIONAL ASSOCIATION OF DRUG
DIVERSION INVESTIGATORS OF FLORIDA,
INC.

2. Principal Office Address
P.O. Box 451892
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 451892
Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State
SUNRISE, FL

Zip Country
33345 USA

Zip Country
33345-1892

4. Date Incorporated or Qualified To Do Business in Florida
NOV 4, 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
LISA M^cELHANEY

Street Address (P.O. Box Number is Not Acceptable)
2601 W. BROWARD BLVD.

Suite, Apt. #, Etc.

City State Zip Code
FT. LAUDERDALE FL 33312

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 [Signature] Date 10/8/03

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
PRES.	LISA M ^c ELHANEY	P.O. Box 451892	SUNRISE, FL 33345
VP	Lorraine Richer-Fair	P.O. Box 451892	SUNRISE, FL 33345
Sec.	MEL WIENBERG	P.O. Box 451892	SUNRISE, FL 33345
TRES.	WILLIAM SCHWARTZ	P.O. Box 451892	SUNRISE, FL 33345

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: [Signature] Date 10/8/03 Daytime Phone # 954-888-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LISA M^cELHANEY

CR2E081 (10/02)

2/10/13



National Association of Drug Diversion Investigators, Inc.
Florida Chapter
P.O. Box 451892, Sunrise, FL 33345-1892

October 8, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: NATIONAL ASSOCIATION OF DRUG DIVERSION
INVESTIGATORS OF FLORIDA, INC.
REF #: N03000001077

According to the Florida Department of State Division of Corporations records the aforementioned corporation was administratively dissolved for non-filing of report. I respectfully request a waiver of the reinstatement fee of for a non-profit corporation (\$175.00) due to the fact that the annual report for this corporation was never received from the State of Florida.

Enclosed is a check for the appropriate filing fees (\$61.25)

Your assistance with this matter is greatly appreciated. And we sincerely apologize for any inconvenience this may have caused you.

Should you have any questions please feel free to contact me at the following phone number (954) 888-1911.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa McElhaney", is written over a horizontal line.

Lisa McElhaney
President