2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002892

FILED Jan 09, 2009 Secretary of State

Entity Name: AMERICAN ASSOCIATION FOR DISABLED CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business:

3365 BURNS ROAD STE 214 15655 75TH WAY N

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

3365 BURNS ROAD STE 214 15655 75TH WAY N

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33418

FEI Number: 42-1725702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURK, ROBYN T MUNOZ UPTON, PATRICIA 3365 BURNS ROAD STE 214 15655 75TH WAY N

PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33418 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA MUNOZ UPTON 01/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: TURK, ROBYN T Name: MUNOZ UPTON, PATRICIA T

Address: 3365 BURNS ROAD STE 214 Address: 15655 75TH WAY N
City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ARCHAMBAULT, EUGENE
 Name:
 STROBEL, ARIE

 Address:
 159 NW 68TH STREET
 Address:
 16388 75TH AVE N

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: PALM BEACH GARDENS, FL 33418

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 ARCHAMBAULT, DONNA
 Name:
 HARRELSON, DEBRA

 Address:
 159 NW 68TH STREET
 Address:
 99 SE MIZNER BLVD APT 717

 City-St-Zip:
 FORT LAUDERDALE, FL 33309
 City-St-Zip:
 BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MUNOZ MS 01/09/2009