

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 721210

1. Corporation Name

ASSOCIATION FOR THE USEFUL AGED, INC.

Principal Place of Business

Mailing Address

862 WEST FLAGLER ST  
ROOM 408  
MIAMI FL 33130  
US

862 W FLAGLER ST  
MIAMI FL 33130  
US

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

2. New Principal Office Address, If Applicable

2190-B SW 8 STREET  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2190-B SW 8 ST.  
Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

Zip 33135 Country MIAMI-DADE

Zip 33135 Country MIAMI-DADE

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

06/21/1971

SP

5. FEI Number

59-1586846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
P/D	CASTILLO, LUCAS	453 SW 2ND ST APT. 103	MIAMI FL
VP/D	SPANE L. WEAD	2190-B SW 8 STREET	MIAMI FL 33135
S/D	RAMON, ALONSO F	2190-B SW 8 STREET	MIAMI FL 33135
T/D	GRACE SALAZAR	2190-B SW 8 STREET	MIAMI FL 33135
			1 00003515561-2 -12/28/00--01042--006 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name RAMON F. ALONSO

Street Address (P.O. Box Number is Not Applicable)

2190-B SW 8 STREET

Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33135

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

*Ramon Alonso*

REGISTERED AGENT MUST SIGN

Date 11/20/00

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:

*Ramon Alonso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/00

Date

305-643-1410

Daytime Phone #

CR2E040 (800)