

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY 21 PM 12:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 725758

1. Corporation Name

THE ASSOCIATION FOR THE DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

Principal Place of Business

Mailing Address

2801 North Miami Avenue
 Miami, Florida 33127

REINSTATEMENT

97-98 TS 5/26

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
 59-1718540

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

SR 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)

200002544432-2
 06/02/98-01063-015
 ***297.50 State ***297.50

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State
P/D	HOWARD BERNSTEIN	1500 N.W. 62 Street Ste. 404	Ft. Lauderdale, Fl. 33309
V/D	Tom Salimino	10445 S.W. 14 Terrace	Miami, Fl. 33176
T/D	Carol Murphy	2701 S. Bayshore Drive	Coconut Grove, Fl 33133
D	Andrew Kasow	8603 So. Dixie Hwy, Ste 401	Miami, Fl. 33146
D	Mary Hoerber Milian	525 Bargello	Coral Gables, Fl 33147
D	Leonor Mezcua Rivacoba	2000 N.W. 92 Avenue	Miami, Fl. 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREW KASOW
 8603 S. Dixie Hwy, Ste 401
 South Miami, Florida 33146

Name
 TOM SALIMINO
 Street Address (P.O. Box Number is Not Acceptable)
 10445 S.W. 114 Terrace
 Suite, Apt. #, Etc.
 Miami, FL 33176
 City
 Miami
 State
 FL
 Zip Code
 33176

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

REGISTERED AGENT MUST SIGN

Date 5-7-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-91(305) 573-3737
 Date Daytime Phone #

CPRE040 (1/88)