

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 APR 11 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855723

1. Corporation Name

Drug Addict Prevention Society, Inc.

2. Principal Office Address - No P.O. Box #

69-16 261st Street

Suite, Apt. #, etc.

City & State

Floral Park, NY

Zip

11004

Country

USA

3. Mailing Office Address

69-16 261st Street

Suite, Apt. #, etc.

City & State

Floral Park, NY

Zip

11004

Country

USA

REINSTATEMENT 84-13

4. Date Incorporated or Qualified
To Do Business in Florida
03/07/1983

5. FEI Number

23-7139511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Neal Vichinsky

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

2800 Riviera Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

800246721908

04/11/13--01024--002 **2021.25

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

4.5.13

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/S/D | Neal Vichinsky | 69-16 261st Street | Floral Park, NY 11004 |
| D | LOUISE VICHINSKY | 2800 RIVIERA DR | DELRAY BEACH, FL 33445 |
| D | LARRY GROSS | 11690 BRIARWOOD CIR 41 | BOYNTON BEACH, FL 33431 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: dmvm26@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten signature] DR NEAL VICHINSKY

4.5.13

713 399-1800