


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 19 PM 6:02

DOCUMENT # **F00000000938**

1. Corporation Name  
**JERSEYANS AGAINST DRUNK DRIVING INC.**

Principal Place of Business	Mailing Address
2458 COLUMBIA DR. SUITE 2 CLEARWATER FL 33763	2458 COLUMBIA DR. SUITE 2 CLEARWATER FL 33763



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 <b>02/17/2000</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>22-3653545</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LIBES, RICHARD D	2458 Columbia Drive, Suite 2 Clearwater, FL 33763	<del>DEAN GROVE NJ</del>
CD	LABRIODA, APRIL	2458 Columbia Drive, Suite 2 Clearwater, FL 33763	<del>VERDI FL</del>
S	JENKINS, BOB	302 1ST AVE.	ASBURY PARK NJ
T	LIBES, SHERRY	6010 BLVD WEST	WEST NY

100004661271--8  
 -10/31/01--01060--012  
 \*\*\*\*158.75 \*\*\*\*158.75  
 10/16/01

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
LIBES, RICHARD D 2458 Columbia Drive, Suite 2 Clearwater, FL 33763	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State <b>FL</b>	Zip Code

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 *Richard D Libes* **SIGNATURE REQUIRED** Date 10-16-01  
 REGISTERED AGENT MUST SIGN

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: *Richard D Libes* **SIGNATURE REQUIRED** Date 10-16-01 (727) 669-6601  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (8/01)

# Floridians Against Drunk Driving



**A FL Non-Profit Organization**

FADD Statewide Main Office 2458 Columbia Drive, Suite 2 Clearwater, FL 33763 1-888-239-9010

**Be Safe, Don't Drink and Drive**

10-16-01

FL. DEPT. OF STATE

I SPKE TO A WOMAN AT

(850) 245-6659 ON OCT. 12, 2001.

I EXPLAINED TO HER THAT WE NEVER  
RECEIVED A RENEWAL APPLICATION AND WERENT  
AWARE OF ONE. SHE TOLD ME TO  
SEND A CHECK FOR \$150<sup>00</sup> WITH  
AN EXPLANATION. IF YOU HAVE  
ANY QUESTIONS, PLEASE CALL ME.

Sincerely,

Richard D. Libes  
Executive Director