

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F930000004694**

1. Corporation Name  
**The ASSOCIATION OF  
AdvOCATES FOR THE Disabled, INC.**

FILED

99 OCT 28 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2952 N.E. SAVANNAH RD  
JENSEN BEACH, FL  
34957**

Mailing Address  
**2952 N.E. SAVANNAH RD.  
JENSEN BEACH, FL  
34957**

**REINSTATEMENT 96-99**

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>10-18-93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>650440118</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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GERALD MIRANDA	2952 N.E. SAVANNAH RD	JENSEN BEACH, FL 34957
T	GERALD MIRANDA	2952 N.E. SAVANNAH RD	JENSEN BEACH, FL 34957
S	GERALD MIRANDA	2952 N.E. SAVANNAH RD	JENSEN BEACH, FL 34957
V	GERALD MIRANDA	2952 N.E. SAVANNAH RD	JENSEN BEACH, FL 34957
D	GERALD MIRANDA	2952 N.E. SAVANNAH RD	JENSEN BEACH, FL 34957

8. Name and Address of Current Registered Agent <b>GERALD MIRANDA 2952 N.E. SAVANNAH ROAD JENSEN BEACH, FL 34957</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
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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 **Gerald Miranda** Date **9-29-99**  
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: **Gerald Miranda** **GERALD MIRANDA** 9-29-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP0001 (12/98)