

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005398

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

400102649234

05/16/07--01040--023 **245.00

2. Principal Office Address - No P.O. Box #
225 N. Michigan Avenue

3. Mailing Office Address
225 N. Michigan Avenue

Suite, Apt. #, etc.
17th Floor

Suite, Apt. #, etc.
17th Floor

City & State
Chicago, IL

City & State
Chicago, IL

Zip
60601

Country
USA

Zip
60601

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/29/1993

5. FEI Number
133039601

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Road

Suite, Apt. #, Etc.
#221E

City
Palm Beach Gardens,

State
FL

Zip Code
33410

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Vice President

Date 04/30/2007

REGISTERED AGENT MUST SIGN

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 | Harry M. Johns | 225 N. Michigan Avenue, 17th Floor | Chicago, IL 60601 |
| CFO | Richard Hovland | 225 N. Michigan Avenue, 17th Floor | Chicago, IL 60601 |
| D | Evan Thompson | 225 N. Michigan Avenue, 17th Floor | Chicago, IL 60601 |
| D | Laurel Coleman | 225 N. Michigan Avenue, 17th Floor | Chicago, IL 60601 |
| D | Michael Urbut | 225 N. Michigan Avenue, 17th Floor | Chicago, IL 60601 |
| D | David Moscow | 225 N. Michigan Avenue, 17th Floor | Chicago, IL 60601 |

10. 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 contained in Chapter 119, 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:

Harry M. Johns, President

By M. Allen, as attorney-in-fact 04/30/2007

(702) 492-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAY 1 2007