

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 01 JAN 26 PM 3:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F99000005979

1. Corporation Name ASSISTING DADS AND MOMS, INC.

Principal Place of Business Mailing Address P.O. BOX 420 EATONTOWN NJ 07724



REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable 380 N.W. 67TH STREET (SAME AS #2) Suite, Apt. #, etc. City & State BOCA RATON, FLORIDA Zip 33487 Country 4. Date Incorporated or Qualified To Do Business in Florida 11/17/1999 SP 5. FEI Number 521793630 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include PCD, V, SD, D, and two blank entries.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Form for registered agent information including Name, Street Address, Suite, City, State, and 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 Christopher Todd and Date 11-27-00

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: Signature of Tom B. Rosenberg Date 12-01-00 Daytime Phone # 561-392-1000

CR2E040 (8/00)