

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000005979

1. Corporation Name

ASSISTING DADS AND MOMS, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 420~~
~~EATONTOWN NJ 07724~~

~~P.O. BOX 420~~
~~EATONTOWN NJ 07724~~

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

380 N.W. 67TH STREET

(SAME AS #2)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLORIDA

Zip 33487 Country

FILED

01 JAN 26 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	ROSENBERG, TONI B. ROSENBERG, TOM B.	380 N.W. 67TH STREET	BOCA RATON FL 33487
V	ROBINER, RON DR.	141 SARATOGA BLVD. EAST	ROYAL PALM BEACH FL 33411
SD	BECCIA, JACKIE	380 N.W. 67TH STREET	BOCA RATON FL 33487
D	STEINBERG, HURLEE MRS.	6722 VIA REGINA	BOCA RATON FL 33433
			000003661260--4 -02/08/01--01033--009 ****236.25 ****236.25
			000003661260--4 -02/08/01--01033--010 ****81.25 ****81.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TODD, CHRISTOPHER ESQ.

6877 S.W. 10TH STREET, SUITE 141

BOCA RATON FL 33433

6855 S.W. 18TH ST
SUITE 10

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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
REGISTERED AGENT MUST SIGN

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:

Toni B. Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-01-00 561-392-1000

CR2E040 (8/00)