T ELMOL TILMO 7	ALL INSTRUCTIONS	RELOKE C	OMPLETIN	G INSFO	HIVI.	.T.
APPLICATION FOR REINSTATEMENT	Katherine Ha		FILED SECRETARY OF ST TALL AHASSEE. FLC		ED OF STATE EE. FLORIDA	
OCUMENT # N0000003944 1. Corporation Name			01 NOV 19 PM 4: 30			
ADVOCATES IN ACTION, INC.						
Principal Place of Business						
2315 MINNEOLA ROAD CLEARWATER FL 33764 2315 MINNEOLA ROAD CLEARWATER FL 33764			IIIIII Tatoga	TREENT		
If above addresses are incorrect in any way, line thro	ough incorrect information and enter o	() () () () () () () () () () () () () (MOINI	EMENI	P	Oi
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If A		Date Incorpora To Do Busines		06/09/2000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	, Apt. #, etc.				For
City & State	City & State ~ -				Not Appli	
Zip Country	Zip Country	y 	6. CERTIFICATE OF	STATUS DESIRED	\$6.75 Additional Fee re- for a Certificate of St	equired tatus ~ -
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	itions must list at leas	t 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		, C	City / State / Zip	
Pres. Johnny Long	- Dire 2315 m	2315 Minneoha Rd.		Clearwa	ter, FL. 3376	-4
Pres Marrion E. Long	- Nin 2315 M.	inneal	Rd () learwar	ter, Fc.3374	24
Sec. Tree DIONNA M. Low.	9-Dr 2337EA	rthen Soun	1 Da. (ateu 12.33° 05847 1-01037-024 25-*****61.2	164 7
			70	00047 -12/05/01 ****175.	01037025	- ア 00
8. Name and Address of Current R	Registered Agent		9. Name and Add	iress of New Regis	itered Agent	\equiv
LONG, JOHNNY		Name	O. Pau Miniter	Not Apparent 1-1		2E040 (8/01)
2315 MINNEOLA ROAD	Street Address (P.O. Box Number is Not Acceptable)				CR2E04	
CLEARWATER FL 33764						
		City			State Zip Code	
10. I, being appointed the registered agent of the above	ve named corporation, am familiar wi	ith and accept the obli	igations of Section	607.0505, F.S.	•	
Signature of Registered Agent Resistance	GISTERED AGENT MUST SIGN	200 213		Date 10 1	2/01	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolon wed by the corporation have been paid and the number on this application is true and accurate, and my sig	lution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies the m do not qualify for a	ne requirements of n exemption under	section 607.0401 or	617.0401, F.S., that all fee	es
SIGNATURE:	Tohnny L	_0 /9		VO (12)	Daytime Phone #	B



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 24, 2001

ADVOCATES IN ACTION, INC. 2315 MINNEOLA ROAD CLEARWATER, FL 33764

SUBJECT: ADVOCATES IN ACTION, INC.

Ref. Number: N00000003944

We have received your document for ADVOCATES IN ACTION, INC. and check(s) totaling \$608.75. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$236.25. Add an additional \$8.75 for each certificate of status requested.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call. (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 201A00058500

Thank BEEN hospitalized since there #175, "161.25] In clusted

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314