2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2007
Secretary of State

DOCUMENT# N00000004531

Entity Name: ADVOCATING DISABILITY RIGHTS, INC.

Current Principal Place of Business:

815 MIDDLE RIVER DRIVE UNIT 108
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

719 INTRACOASTAL DRIVE
FORT LAUDERDALE, FL 33304

Current Mailing Address:

815 MIDDLE RIVER DRIVE UNIT 108
FORT LAUDERDALE, FL 33304

New Mailing Address:

718 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304

FEI Number: 65-1026264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOXON, GEORGE L ESQ
718 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

TUCKER, WILLIAM D ESQ
718 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM D. TUCKER, ESQ. 09/29/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DCOB ( ) Delete
Name: WILSON, CARLISLE E
Address: 815 MIDDLE RIVER DRIVE UNIT 108
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: MOXON, GEORGE L ESQ
Address: 718 NE 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DVC ( ) Delete
Name: UMPIERRE, EDUARDO
Address: UNIT 1204 CONDO TORRE SAN MIGUEL
City-St-Zip: GUAYNABO, PR 00927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: DINNA, EDWARD T ESQ.
Address: 719 INTRACOASTAL DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVT (X) Change ( ) Addition
Name: UMPIERRE, EDUARDO
Address: UNIT 1204 CONDO TORRE SAN MIGUEL
City-St-Zip: GUAYNABO, PR 00927

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD T. DINNA, DP 09/29/2007
Electronic Signature of Signing Officer or Director — Date