

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JAN -2 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# REINSTATEMENT

08-14

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida July 7, 2000	
5. FET Number 65-1026264	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED YES	
\$8.75 Additional Fee required for a Certificate of Status	

300255195773  
01/03/14--01002--004 \*\*\$12.50

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000004531  
1 Corporation Name  
ADVOCATING DISABILITY RIGHTS, INC.

2. Principal Office Address - No P.O. Box # 2609 NE 14 Avenue Suite, Apt. #, etc. #FR-116 City & State Wilton Manors, FL Zip 33334 Country USA		3. Mailing Office Address 2609 NE 14 Avenue Suite, Apt. #, etc. #FR-116 City & State Wilton Manors, FL Zip 33334 Country USA	
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7. Name and Address of Current Registered Agent

Name  
WILLIAM D. TUCKER, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2805 EAST OAKLAND PARK BLVD.  
Suite, Apt. #, Etc.  
NO 386  
City  
FORT LAUDERDALE  
State  
FL  
Zip Code  
33306

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 \_\_\_\_\_ Date December 30, 2013  
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/D	Joan Dinna	2609 NE 14 Avenue #FR-116	Wilton Manors, FL 33334
V/D	Eduardo Umpierre	Unit 1204 Condo Torre San Miguel	Guaynabo, PR 00927
T/S/D	Gerard D. Grau, M.D.	2633 East Commercial Blvd	Ft. Lauderdale, FL 33308

JAN 2 - 2014  
S. PRATHE

10 E-mail Address: WDTUCKER.ATTORNEY@GMAIL.COM  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Joan Dinna Joan Dinna, Pres., Director 12/30/13 954-608-2909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #