

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -7 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004531

1. Corporation Name

Advocating Disability Rights, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

815 Middle River Dr.

3. Mailing Office Address

815 Middle River Dr.

Suite, Apt. #, etc.

Unit 108

Suite, Apt. #, etc.

Unit 108

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33304

Country

USA

Zip

33304

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/07/2000

5. FEEL Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Moxon, George L. Esq.

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

718 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

George L. Moxon

REGISTERED AGENT MUST SIGN

Date

6/2/03

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
Director	Carlisle E. Wilson	815 Middle River Drive, Unit-108	Fort Lauderdale, FL 33304--
Director	Catherine E. Wilson	815 Middle River Drive, Unit 108	Fort Lauderdale, FL 33304
Director	George L. Moxon, Esq.	718 NE 2nd Avenue	Fort Lauderdale, FL 33304

10. 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:

Carlisle E. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03

Date

954-763-2226

Daytime Phone #

CR2E081 (10/02)

2175