


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -5 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>NO2000001309</u>					
1. Corporation Name <u>THE D. A. P. PROGRAM</u> <u>NO2000001309</u>					
2. Principal Office Address <u>202 E. OSCEOLA STREET</u> Suite, Apt. #, etc. _____			3. Mailing Office Address <u>P.O. Box 680539</u> Suite, Apt. #, etc. _____		
City & State <u>MINNEOLA, FL.</u>			City & State <u>ORLANDO, FL</u>		
Zip <u>34755</u>	Country <u>U.S.</u>	Zip <u>32869</u>	Country <u>U.S.</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>02/21/02</u>	
5. FEI Number <u>320010322</u>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>ALEJANDRO NUNEZ</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>250 GIRALDA AVE.</u>					
Suite, Apt. #, Etc. <u>2ND. FLOOR</u>					
City <u>CORAL GABLES</u>					
State <u>FL</u> Zip Code <u>33134</u>					
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 <u>1-13-04</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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		
<u>PRES.</u>	<u>VICTOR RODRIGUEZ, RIVERA</u>	<u>P.O. Box 680539</u> <u>ORLANDO, FL</u>	<u>ORLANDO, FL. 32868</u>		
<u>VICE PRES</u>	<u>PAT MURPHY</u>	<u>P.O. Box 2333</u>	<u>MINNEOLA, FL. 34755</u>		
<u>VICE PRES.</u>	<u>PASTOR JOE RIVERA</u>	<u>P.O. Box 593804</u>	<u>ORLANDO, FL. 32859</u>		
<u>SECT.</u>	<u>ALBERTO CALDERON</u>	<u>1103 WIZARD WAY, APT 12-206</u>	<u>ORLANDO, FL. 32836</u>		
<u>TREAS.</u>	<u>NELSON TORRES</u>	<u>11564 PURPLE LILAC CIRCLE</u>	<u>ORLANDO, FL. 32859</u>		
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: <u>PAT MURPHY / PAT MURPHY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-20-04</u> Daytime Phone # <u>352-242-3994</u>		

CR2001 (10/02)