

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007715

1. Corporation Name

DISABLED PATRIOTS OF AMERICA, INCORPORATED

REINSTATEMENT 03

900024387619
11/03/03--01088--019 **245.00

2. Principal Office Address

1670 NW 42 Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7389

Suite, Apt. #, etc.

City & State

Oakland Park, Florida

City & State

Delray Beach, Florida

Zip

33309

Country

USA

Zip

33482

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

October 7, 2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria Gallagher

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

1670 NW 42 Street

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33309

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

Maria Gallagher

REGISTERED AGENT MUST SIGN

Date October 29, 2003

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/T/D	Maria Gallagher	1670 NW 42 Street	Oakland Park, FL 33309

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:

Maria Gallagher

Maria Gallagher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

248-395-4909

Daytime Phone #

CR2E081 (10/02)