


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 OF 2

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 APR -6 PM 2:35  
RECEIVED  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N03000003433

**1. Corporation Name**  
ADHD MINISTRIES, INCORPORATED

<b>2. Principal Office Address</b> 6904 River Oaks Suite, Apt. #, etc. 105 City & State Orlando, FL Zip 32818 Country USA		<b>3. Mailing Office Address</b> P.O. Box 547882 Suite, Apt. #, etc. City & State Orlando, FL Zip 32854 Country USA	
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**4. Date Incorporated or Qualified To Do Business in Florida** 4-22-03

**5. FEI Number** 54-2064125  
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  
Dana Murry

Street Address (P.O. Box Number is Not Acceptable)  
6904 River Oaks #105

Suite, Apt. #, Etc.

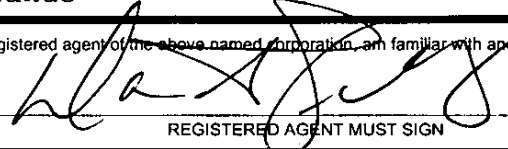
City  
Orlando

State  
FL

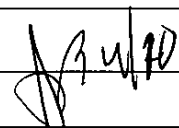
Zip Code  
32818

400073758804  
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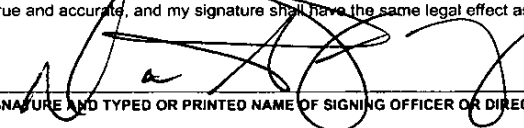
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date 03/18/06

**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	Dana Murry	6904 River Oaks #105	Orlando, FL 32818
VP	Raj Nayee	P.O. Box 4665	Orlando, FL 32793
S	Mary L. Tomlinson	5814 Elon Drive	Orlando, FL 32808
T	Mary Jackson	P.O. Box 681043	Orlando, FL 32868
D	Brian Lucas 	P.O. Box 620955	Orlando, FL 32762

**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 contained in Chapter 119, 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 03/18/06 Daytime Phone # 407-294-9670



PO. Box 547882 Orlando, FL 32854 Phone: 407.294.9670 www.adhdministries.org

March 17, 2006

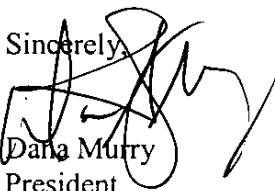
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I Dana Murry, President of **ADHD Ministries, Incorporated** am requesting the Division of Corporations to waive the reinstatement fee for **Document # N03000003433**. Our organization never received notice concerning filing an Annual Report.

If you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

  
Dana Murry  
President