

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000003433

1. Corporation Name

ADHD Ministries, Incorporated

2. Principal Office Address - No P.O. Box #
4767 New Broad Street

Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 547882

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32814 USA

Zip Country
32854 USA

7. Name and Address of Current Registered Agent

Name
Dana Jackson

Street Address (P.O. Box Number is Not Acceptable)
4767 New Broad Street

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32814

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 **June 25, 2010**

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	Dana Jackson	PO Box 547882	Orlando, FL 32854
V	Raj Nayee	PO Box 4665	Orlando, FL 32793
S	Mary L. Tomlinson	5814 Elon Drive	Orlando, FL 32808
T	Brian Lucas	PO Box 620955	Orlando, FL 32762

10. E-mail Address: **adhd_ministries@yahoo.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., 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.

SIGNATURE: DANA JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 25, 2010 407-285-0415

Date

Daytime Phone #

FILED

10 July 30 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/30/10--01038--001 **332.50

REINSTATEMENT

09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04-22-2003

5. FEI Number

54-2064125

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8/30