

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007680

FILED
Nov 02, 2004
Secretary of State**Entity Name:** DISABILITY ADVOCATES AND COUNSELING GROUP, INC.**Current Principal Place of Business:**21850 SW 103RD COURT APT 312
MIAMI, FL 33190**New Principal Place of Business:****Current Mailing Address:**21850 SW 103RD COURT APT 312
MIAMI, FL 33190**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**CHAROUHIS, WILLIAM N
169 EAST FLAGLER STREET STE 1200
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**CHAROUHIS, WILLIAM N
201 S. BISCAYNE BLVD.
SUITE 2800
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM N. CHAROUHIS

11/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: BROTHER, STEVEN
Address: 21850 SW 103RD COURT APT 312
City-St-Zip: MIAMI, FL 33190**Title:** DV () Delete
Name: CROSBY, VALERIE
Address: 21850 SW 103RD COURT APT 312
City-St-Zip: MIAMI, FL 33190**Title:** D () Delete
Name: CHAROUHIS, WILLIAM N
Address: 169 E FLAGLER STREET STE 1200
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: CHAROUHIS, WILLIAM N
Address: 201 S. BISCAYNE BLVD., SUITE 2800
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN BROTHER

DP

11/02/2004

Electronic Signature of Signing Officer or Director

Date