2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007680

FILED Jan 04, 2006 Secretary of State

Entity Name: DISABILITY ADVOCATES AND COUNSELING GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

21850 SW 103RD COURT APT 312 4460 NW 59TH ST.

MIAMI, FL 33190 FT. LAUDERDALE, FL 33319

Current Mailing Address: New Mailing Address:

21850 SW 103RD COURT APT 312 4460 NW 59TH ST

MIAMI, FL 33190 FT. LAUDERDALE, FL 33319

FFI 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: Name and Address of New Registered Agent:

CHAROUHIS, WILLIAM N 201 S. BISCAYNE BLVD. **SUITE 2800**

80 S.W. 8TH STREET SUITE 1750 - BRICKELL BAYVIEW CENTRE

MIAMI, FL 33130 US 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.

CHAROUHIS, WILLIAM N

SIGNATURE: WILLIAM N. CHAROUHIS 01/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BROTHER, STEVEN BROTHER, STEVEN Name: Name: 21850 SW 103RD COURT APT 312 Address: 4460 NW 59TH ST Address:

City-St-Zip: MIAMI, FL 33190 City-St-Zip: FT. LAUDERDALE, FL 33319

Title: () Delete Title: (X) Change () Addition

CROSBY, VALERIE Name: Name: RODRIGUEZ, JORGE LUIS Address: 21850 SW 103RD COURT APT 312 Address: 2372 WELDON COURT City-St-Zip: MIAMI, FL 33190 City-St-Zip: DELTONA, FL 32738

Title: () Delete Title: (X) Change () Addition

CHAROUHIS, WILLIAM N Name: CHAROUHIS, WILLIAM N Name: 201 S. BISCAYNE BLVD., SUITE 2800 80 SW 8TH ST., SUITE 1750 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 PD 01/04/2006