

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT
OK

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09595

1. Corporation Name

ALZHEIMER'S ASSOCIATION GREATER PALM BEACH AREA
CHAPTER, INC.

Principal Place of Business

1325 S CONGRESS AVE
STE 203
BOYNTON BCH FL 33426
US

Mailing Address

1325 S CONGRESS AVE
STE 203
BOYNTON BCH FL 33426
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

850 N. Congress Ave

Suite, Apt. #, etc.

City & State

Delray Beach

Zip

33445

Country

Palm Bch

3. New Mailing Office Address, If Applicable

8333 W. McNab Rd

Suite, Apt. #, etc.

210

City & State

Tamarac

Zip

33321

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1985

5. FEI Number

59-2503887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	KADIN, FRED M	5425 TENTH FAIRWAY DR., #3	DELRAY BCH FL 33484
V/D	LAMIN, ROBERT Rajpara, Sireesh MD	2588 NW 64TH BLVD. 1041 45th St.	BOCA RATON FL 33496 West Palm Bch, FL 33407
S/P/D	SCHULTZ, BARRY M MD	16155 VIA MONTEVERDA	DELRAY BCH FL 33446
T/D	PARKER, LILLIE Tingler, Brent CPA	700 BLVD. CHANTELAINE EAST 4820 NE 26th Ave	DELRAY BCH FL 33445 Ft. Lauderdale, FL 33308
S/D	UNGER, BERTRAM Robbins, Elizabeth	7788 MANSFIELD HOLLOW RD. 21864 Arrida Real #3H	DELRAY BCH FL 33446 Boca Raton, FL 33433
D	GILCHRIST, LINDA	7450 NW 29TH ST.	MARGATE FL 33063

8. Name and Address of Current Registered Agent

PAFFORD, MARK

4839 SEA OATS CIRCLE, #205

WEST PALM BCH FL 33417

9. Name and Address of New Registered Agent

Name

Jeff Smolansky

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

8333 W. McNab Rd

Suite, Apt. #, Etc.

210

City

Tamarac

State

FL

Zip Code

33321

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/18/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01