

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000007717

**FILED**  
**Sep 24, 2012**  
**Secretary of State**

**Entity Name:** WHEELCHAIR ADVENTURES CORPORATION

**Current Principal Place of Business:**

26 8TH STREET  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26 8TH STREET  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 27-4319029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEVENS, PAUL M  
26 8TH STREET  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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:** PAUL STEVENS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HOPKINS, PATRICIA  
**Address:** 5324 SW 2ND PL  
**City-St-Zip:** CAPE CORAL, FL 33914 US

**Title:** VP  
**Name:** LASCOLA, MISSY  
**Address:** 1338 NW 15TH PL  
**City-St-Zip:** CAPE CORAL, FL 33993 US

**Title:** SECT  
**Name:** ESPINO, MANDIE  
**Address:** 563 PACHMAN CIR  
**City-St-Zip:** LEHIGH, FL 33974 US

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL STEVENS

PRES

09/24/2012

Electronic Signature of Signing Officer or Director

Date