

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

DOCUMENT# N11000001961

**FILED**  
**Oct 09, 2012**  
**Secretary of State**

**Entity Name:** ADVOCATES FOR THE REFORM OF PRESCRIPTION OPIOIDS, INC.

**Current Principal Place of Business:**

750 ISLAND WAY  
#104  
CLEARWATER, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4929  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 45-1193117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAYES, STEVEN L  
750 ISLAND WAY  
#104  
CLEARWATER, FL 33767 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:** STEVEN L HAYES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** JACKSON, PETER  
**Address:** PO BOX 4929  
**City-St-Zip:** CLEARWATER, FL 33758 US

**Title:** D  
**Name:** VAN ROOYAN, KIRK  
**Address:** PO BOX 4929  
**City-St-Zip:** CLEARWATER, FL 33758 US

**Title:** DVP  
**Name:** GIUDICE-TOMPSON, ADA  
**Address:** PO BOX 4929  
**City-St-Zip:** CLEARWATER, FL 33758 US

**Title:** DS  
**Name:** ARNOLD, ELLEN  
**Address:** PO BOX 4929  
**City-St-Zip:** CLEARWATER, FL 33758 US

**Title:** DT  
**Name:** KRESSER, SANDRA  
**Address:** PO BOX 4929  
**City-St-Zip:** CLEARWATER, FL 33758 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:** PETER W. JACKSON

DP

10/09/2012

Electronic Signature of Signing Officer or Director

Date