


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 NOV 12 PM 1:53  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # N18786</b>					
1. Corporation Name <b>HANDICAPPED OF AMERICA, INC.</b>					
Principal Place of Business 1158 S.W. FRIST STREET MIAMI FL 33130		Mailing Address 1158 S.W. FRIST STREET MIAMI FL 33130			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <b>01/15/1987</b>	
5. FEI Number <b>65-0018998</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PD	<del>MALAVENDA, PAUL</del>	<del>1925 BRICKELL AVE APART D703</del>	<del>MIAMI FL</del>		
	QUIRANTES, ARMANDO	3801 SW 126th AVENUE CB211	MIRAMAR, FL 33027		
VD	<del>LEYVA, LOURDES G.</del>	<del>3801 SW 126th AVE CB211</del>	<del>MIRAMAR FL</del>		
	MALAVENDA, PAUL	1925 BRICKELL AVE AP.D 703	MIAMI, FL		
SD	<del>APRAEZ, JOSE A.</del>	<del>1400 W 43rd PL SUITE 310</del>	<del>MIAMI FL</del>		
	LEYVA, LOURDES	3801 SW 126th AVENUE CB211	MIRAMAR, FL 33027		
TD	<del>ALFRET, ISABEL M.</del>	<del>2800 SW 108 AVE</del>	<del>MIAMI FL</del>		
	APRAEZ, JOSE A	9081 SW 138 PLACE	MIAMI, FL 33186		
8. Name and Address of Current Registered Agent  <b>QUIRANTES, ARMANDO</b> <b>1158 S.W. FIRST STREET</b> <b>MIAMI FL 33130</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State      Zip Code <b>FL</b>		
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 <i>Armando Quirantes</i> <b>REQUIRED</b> Date <b>11/5/98</b> REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  <b>SIGNATURE: <i>Armando Quirantes</i> REQUIRED</b> Date <b>11/5/98</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #					

CR2040 (6/95)