

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 19 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800162960248  
11/20/09--01001--002 \*\*70.00

CR2E081 (11/09)

DOCUMENT # N21213

1. Corporation Name

Florida Association of DADA Programs, Inc

2. Principal Office Address - No P.O. Box #

1725 Mahan Drive

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/18/1987

5. FEI Number

59-2963837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAURA McLeod

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

1725 Mahan Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/19/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Sue Holley	1725 Art Museum Drive	Jacksonville, FL 32207
TD	Barbara Reincke	225 NE 14th Street +	Ocala, FL 34470
SD	Heleen Justice	P.O. Box 151351	Tampa, FL 151351
VD	Kimberly Towell	1145 Court Street	Clearwater, FL 33754
D	LAURA McLeod	1725 Mahan Drive	Tallahassee, FL 32308

**09 TS 11/19/09**

10. E-mail Address: lauremcleod@embarcmail.com

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA McLeod Exec Director

Date

11/19/09

Daytime Phone #

850 671-3384