


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 JAN 31 PM 2:58  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>122402</u>				
<b>1. Corporation Name</b> <u>Friends of the Disabled, Inc.</u> <u>ReOrganize</u>				
<b>2. Principal Office Address</b> <u>4112 Highland Blvd.</u>		<b>3. Mailing Office Address</b> <u>Same</u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
<b>City &amp; State</b> <u>Pace, FL</u>		<b>City &amp; State</b>		
<b>Zip</b> <u>32571</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>32571</u>	<b>Country</b> <u>USA</u>	<b>4. Date Incorporated or Qualified To Do Business in Florida</b>
<b>5. FEI Number</b> <u>63-0852361</u>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>				
<b>7. Name and Address of Current Registered Agent</b>				
<b>Name</b> <u>Paul C. Vincent</u>				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>4112 Highland Blvd.</u>				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> <u>Pace</u>		<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>32571</u>	
<b>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.</b>				
<b>Signature of Registered Agent</b> <u>Paul C. Vincent</u>		<b>Date</b> <u>01/22/2005</u>		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
<u>Ex. Dir.</u>	<u>Paul C. Vincent</u>	<u>4112 Highland Blvd.</u>	<u>Pace, FL 32571</u>	
<u>Finance Dir.</u>	<u>Ron Tucker</u>	<u>5852 Parson Rd</u>	<u>Milton, FL 32570</u>	
<u>Dir.</u>	<u>Jean Vincent</u>	<u>1062 Woodside Dr</u>	<u>Mobile, AL 36608</u>	
<b>REINSTATEMENT 02-05</b>				
<b>10. 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, 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)(f), 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.</b>				
<b>SIGNATURE:</b> <u>Paul C. Vincent</u>		<b>Date</b> <u>01/22/2005</u> <b>Daytime Phone #</b> <u>(850) 255-3420</u>		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				

CR2001 (01/05)

01/26/2004

FL, DEPT. OF STATE  
SECRETARY OF STATE  
DIV. OF CORP.

Please reinstate this non-profit  
organization because of the relocation  
of our offices with waiver of all  
late penalties.

Enclosed is a money order for  
245.00 which your office told me  
would take care of this reinstatement.

Thank you.

Paul C. Vincent  
(850) 255-3420