


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23067**

1. Corporation Name  
**Deaf Service Center Association, Inc.**

2. Principal Office Address <b>10016 S. Federal Hwy</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Port St. Lucie, FL</b>		City & State	
Zip <b>34952</b>	Country <b>St. Lucie</b>	Zip	Country

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**200074538612**  
05/15/06--01004--025 \*\*358.75  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0014595**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Applied For  Not Applicable

7. Name and Address of Current Registered Agent

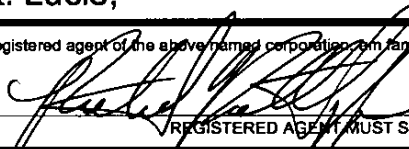
Name **Richard Kottler, Jr.**

Street Address (P.O. Box Number is Not Acceptable) **DHHS of the TC, 10016 South Federal Hwy.**

Suite, Apt. #, Etc.

City **Port St. Lucie,** State **FL** Zip Code **34952**

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  Date **04/25/06**

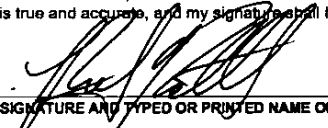
REGISTERED AGENT MUST SIGN

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
Pr.	Rick Kottler	10016 S. Fed. Hwy	Port St. Lucie, 34952
VP	Julie Church	7545 83rd St. N.	Seminole, 33777
Tr.	Kim Gaut	24901 Sandhill Blvd. #8	Port Charlotte, 33983
Sc.	Maureen Whitaker	105 SE Hwy. 19	Crystal River, 34429

*Richard Kottler, Jr. 04-25-06*  
*12/4/04*

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 or 617.0401, 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 contained in Chapter 119, 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.

SIGNATURE:  **Rick Kottler / 04/25/06 / 772-335-5546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #