

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 OCT 27 2:40

**DOCUMENT # N44665**

1. Corporation Name

Marion County Association of Criminal Defense Lawyers, Inc.

2. Principal Office Address  
500 NE 8th Avenue

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ocala, Florida

City & State

Zip  
34470

Country  
US

Zip

Country

**REINSTATEMENT 02-06**

4. Date Incorporated or Qualified  
To Do Business in Florida 08/12/1991

5. FEI Number  
59-3081209

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  
Garry D. Adel, Esquire

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

Suite, Apt. #, Etc.

City  
Ocala,

State Zip Code  
FL 34471

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

REGISTERED AGENT MUST SIGN

Date 10/26/2006

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
P	David Mengers	500 NE 8th Avenue	Ocala, Florida 34470
VP	Tania Alavi	20 S. Magnolia Avenue	Ocala, Florida 34474
S	Andrew Pozzuto	20 S. Magnolia Avenue	Ocala, Florida 34474
T	Alan Bushnell	204 NW 3rd Avenue	Ocala, Florida 34475
			800081274848 10/27/06--01026--014 **481.25

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:

(David Mengers)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2006

Date

352-867-5111

Daytime Phone #