PLEASE READ A	ALL INSTRUCTIONS	· BEFORE COMPLET	ING THIS FORM
APPLICATION FOR' REINSTATEMENT	FLORIDA DEPAR®MEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	ITOF STATE tham tate	FILED
DOCUMENT # N9500000009			97 MAY -1 AM 11:00
ADULT RETIREMENT	EDUCATION AS	SOCIATION INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
4123 N. TAMIAMI TRAIL - SUITE #201			APPENEAST (IA AA
SARASOTA, FL 34234		REIN	STATEMENT 90-97
If above addresses are Incorrect in any way, line thro  2. New Principal Office Address, If Applicable	ough incorrect information and enter of 3. New Malling Office Address, if A	Applicable 4. Date Incor	porated or Qualified iness in Florida 11/15/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Numb	
City & State  Zip . Country	City & State  Zip Country	6.	23560 Not Applicable  \$8.75 Additional Fee required
		CERTIFICA	TE OF STATUS DESIRED for a Certificate of Status
Title(s) and/or Directors Officer		pet Address of Each icer and/or Director ie Post Office Box Numbers)	City / State / Zip
D JOHN G. LABELLE 7607 LINKS CT SARASOTA, FI 34243			
D EVELYN LABELLE	7607 LI	NKS (4	SHRASITA, F1 34243
D KATHRIN LABELLI	£ 5701-4	15 5T, E	BRADENTON, FL 34203 SACROTA, ST 34243
		1	000021721112
e.			-05/08/9701140004 ****297.50 ****297.50
Name and Address of Current F	Projectored Arent	O. Nome and	Jb5-6-97
8. Name and Address of Current Registered Agent 9 Name Joh			Address of New Registered Agent
Suite, Apr. #, Etc			TRALL 7607 LINKS CT
City SARASOTA State Zip Code 3472.43			
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 Abus A. C. C. C. Registered Agent MUST SIGN  Date April 24, 97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No			
12. 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 filling 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 under section 119.07(3)(i), 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: John LABELLE April 29,1997 941-351-9198  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  April 29,1997 941-351-9198  Daylimo Phono #			