

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 MAY 17 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005313

1. Corporation Name

ASSOCIATION FOR DISABLED AMERICANS

2. Principal Office Address

6538 COLLINS AVE

Suite, Apt. #, etc.

PMB #196

City & State

MIAMI BEACH FL

Zip

33141

Country

US

3. Mailing Office Address

6538 COLLINS AVE

Suite, Apt. #, etc.

PMB #196

City & State

MIAMI FL

Zip

33141

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

11/08/95

5. FEI Number

65-0646020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

DANIEL RUIZ

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

1111 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.

APT 1301

City

MIAMI

State

FL

Zip Code

33131

400003284394-4

06/12/00-0102-011

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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

3/15/00

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
ED	DAVID FARRISH - JR	16100 SW 7TH CT	MIAMI FL 33157
VD	DANIEL RUIZ	1111 BRICKELL BAY DR #1301	MIAMI FL 33131
ED	STEVEN RILEY	915 NW 1ST AVE APT 14/307	MIAMI FL 33136
D	ADAH SAFFER	2901 BAYSHORE DR #6F SOUTH	MIAMI FL 33133
			400003284394-4
			06/12/00-01024-011
			*****61.25 *****61.25

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/00

Daytime Phone #

786-425-9167

CR2001 (9/99)