

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # N97000003912**

1. Corporation Name

**A. WAR AGAINST DRUNK DRIVERS, INC.**

99 FEB 15 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4521 PGA BOULEVARD  
#197  
PALM BEACH GARDENS FL 33418

Mailing Address

4521 PGA BOULEVARD  
#197  
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1997

5. FET Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
V.P.	WEISSE, ROSEMARIE J	4521 PGA BOULEVARD #197	PALM BEACH GARDENS FL 33418
PD	PAUL WILLIAMS	4521 PGA BLVD. 197	11
D	D. Weisse	6302 W 11th Ave PL	DENVER CO. 80235
D	T. ZARZAKI-STOLL	4310-N.W. 6th	GAINESVILLE, FL 32604

8. Name and Address of Current Registered Agent

WEISSE, MITCHELL  
# EDINBURGH  
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name: T. C. STOLL  
Street Address (P.O. Box Number is Not Acceptable):  
68 Edinburg DR.  
Suite, Apt. #, Etc.: P.B. Gardens  
City: P.B. Gardens  
State: FL Zip Code: 33418

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

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-1998 561-0105  
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