

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

99 JAN -4 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004684

1. Corporation Name

DISEASE AWARENESS RESOURCES & TREATMENTS CORPORATION

Principal Place of Business

229 NORTHWEST 86TH ST.
MIAMI SHORES FL 33150

Mailing Address

229 NORTHWEST 86TH ST.
MIAMI SHORES FL 33150



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/18/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0790058	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State
D	DONELY, WILLIAM L	1190 N.W. 95TH ST., STE. 310	MIAMI FL 33150
D	JACKSON, DEMETRIA	229 NORTHWEST 86TH ST.	MIAMI SHORES FL 33150
D	SCAVELLA, DEIRDRE	1961 N.W. 187TH TERRACE	MIAMI FL 33150
VP	ANTHONY E SINDAB	229 NW 86th ST	MIAMI SHORES FL 33150
T	GEORGE MUNOZ MD	2630 NE 203rd ST #106	NMB FL 33180

8. Name and Address of Current Registered Agent

SCAVELLA, DEIRDRE
1961 N.W. 187TH TERRACE
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: DEMETRIA JACKSON
Street Address (P.O. Box Number is Not Acceptable): 229 NW 86th ST
Suite, Apt., Etc.:
City: MIAMI State: FL Zip Code: 33150

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 12/29/98

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]* REGISTERED AGENT MUST SIGN Date: 12-29-98 Daytime Phone #: 305-757-3805

CR25040 (9/98)

Disease Awareness Resources & Treatment Co
229 NW 86th Street
Miami Shores, Florida 33150

Disease Awareness Resources & Treatment Corporation

December 30, 1998

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Mr. Shawn Tomer:

Per our conversation on Monday, this letter is to inform you that I did not receive the previous letters sent out to me from your department. I apologize for responding at such a late notice but I just received this application and responded as fast as I could. In this package is the application with the new board members and the new registered agent. Please make the appropriate changes. Also enclosed with this letter is a check for \$61.25.

Thank you for your help in this matter. If there is any thing you need from me please feel free to contact me at 305-757-3805.

Sincerely,

DEMETRIA JACKSON
President/D.A.R.T.

ALL THINGS ARE POSSIBLE TO THOSE WHO
BELIEVE