

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT



2001 UBR

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

FILED

01 OCT 16 AM 9:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000006951

1. Corporation Name

AMERICAN DYSLEXIA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

407 LINCOLN ROAD
 APT 12-E
 MIAMI BEACH FL 33139

407 LINCOLN ROAD
 APT 12-E
 MIAMI BEACH FL 33139



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

12/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0796789

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTDC	SKRBIC, LJUBO	407 LINCOLN ROAD APT 12-E	MIAMI BEACH FL 33139
SD	ROSENBLUM, ROBERT	407 LINCOLN ROAD APT 12-E	MIAMI BEACH FL 33139
D	TRIKOVSKI, GEORGE	407 LINCOLN ROAD APT 12-E	MIAMI BEACH FL 33139
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			LS

8. Name and Address of Current Registered Agent

SKRBIC, LJUBO
 407 LINCOLN ROAD
 APT 12-E
 MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name **LJUBO SKRBIC**
 Street Address (P.O. Box Number is Not Acceptable) **407 LINCOLN ROAD #**
 Suite, Apt. #, Etc. **# 12 E**
 City **MIAMI BEACH** State **FL** Zip Code **33139**

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 REQUIRED

Date **10.11.2001**

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-2001 305-538-4444

CR2E040 (8/01)

2012

10.11.2001

Dear Sirs,

I didn't receive any
prior notice about
renewal

L. J. J.