PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT





N97000006951 **DOCUMENT #** 

1. Corporation Name

AMERICAN DYSLEXIA ASSOCIATION, INC.

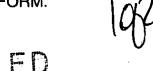
Principal Place of Business

Mailing Address

407 LINCOLN ROAD APT 12-E

**407 LINCOLN ROAD** 

APT 12-E



FILED 01 OCT 16 AM 9: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIAMI BEACH FL 33139			MIAMI BEACH FL 33139						. •	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili					nformation and enter correction below.  ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     12/01/1997			
Suite, Apt. #, etc.  Suite, Apt. #,  City & State  City & State				etc.		-5. FEI Number -5. FEI Number		12/01/1	2/01/199/ Applied For	
								Not Applicable		
Zip Country Zip			Zip -	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	Idresses of Each Officer and	d/or Director (Flo	rida nonpro	I fit corporations must list at le	east 3 directors)				
Title(s) 1 Name of Officers and/or Directors					Street Address of Each Officer and/or Director			City / State / Zip		
PTDC	SKRBIC, LJUBO			407 LINCOLN ROAD APT 12-E			MIAMI BEACH FL 33139			
SD .	ROSENBLOOM, ROBERT				407 LINCOLN ROAD APT 12-E			MIAMI BEACH FL 33139		
D	TRÍKOVSKI, GEORGE			407 LINCOLN ROAD APT 12-E			MIAMI BEACH FL 33139			
							******6	01076-	→ → → → → → → → → → → → → → → → → → →	
-									<b>S</b>	
<u>.</u>	8. Nar	ne and Address of Curren	t Registered Ag	ent		9. Name and	Address of New R	egistered Agent		
					Name LTUBO SKRBCE					
SKRBIC, LJUBO 407 LINCOLN ROAD					Street Address	(P.O. Box Numbe	mber is Not Acceptable)			
APT 12-E MIAMI BEACH FL 33139				Suite, Apt. #, Etc. # 12 E					<del></del>	
				City MAMI			BEACH State Zip Code FL 33/39			
10. I, being	g appointed th	he registered agent of the a	bove named corp	oration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S.	•		
Signature o	of .	ZIGM						9.11.Z	001	



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 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:** 



10.11.2001 305-538-4444

Daytime Phone #

2012

10-11-2001

Dear Ivrs,

I didn't receive ony

perior notice about remembel

2. Sum