

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000002892

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** YOUNG ADULTS WITH LEARNING DISABILITIES, INC.

**Current Principal Place of Business:**

10451 W BROWARD BLVD APT 109  
PLANTATION, FL 33324 00

**New Principal Place of Business:**

**Current Mailing Address:**

10451 W BROWARD BLVD APT 109  
PLANTATION, FL 33324 00

**New Mailing Address:**

**FEI Number:** 65-0839963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALCURE, RITA W  
3741 COLUMBUS WAY  
COOPER CITY, FL 33026 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** EVAN FINKELSTEIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** REP  
**Name:** FINKELSTEIN, EVAN  
**Address:** 10451 W BROWARD BLVD APT 109  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** D  
**Name:** ALCURE, RITA W  
**Address:** 3741 COLUMBUS WAY  
**City-St-Zip:** HOLLYWOOD, FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** EVAN FINKELSTEIN

PRES

10/08/2013

Electronic Signature of Signing Officer or Director

Date