

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 25 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-03 UBR

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Disabilities Assistance Foundation, Inc.
N98000006166

2. Principal Office Address
5950 SW 120 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address
5950 SW 120 Ave.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33183

Country
USA

Zip
33183

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/28/1998

5. FEI Number 30-0167894 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Rafael Silva

600018668416
05/09/03-01020-005 **306.25

Street Address (P.O. Box Number is Not Acceptable)

5950 SW 120 Ave.

Suite, Apt. #, Etc.

City
Miami

State
FL Zip Code
33183

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 4/16/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|---------------------|
| P / D | Caron Alexander, PhD. | 121 Poinsetta Drive | Key Largo, FL 33037 |
| D | Rafael Silva, J.D. | 5950 SW 120 Ave | Miami, FL 33183 |
| D | Henrik Vandeventer | 121 Poinsetta Drive | Key Largo, FL 33037 |
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10. 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

4/16/2003 786-344-8850

Date

Daytime Phone #