

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 99000005150*

1. Corporation Name
*Citizens Concerned About Disability
Access, Inc.*

2. Principal Office Address
781 S.E. 1st Terrace

Suite, Apt. #, etc.
781 S.E. 1st Terrace

City & State
Pompano Beach, FL

Zip
33060

3. Mailing Office Address
1414 SE 1st ST

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

Zip
33060

Country
BROWARD

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida
August 29, 1999

5. FEI Number
65-0958677

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

7. Name and Address of Current Registered Agent

Name
Robert Anthony Bugdan, Esq.

Street Address (P.O. Box Number is Not Acceptable)
410 S.E. 1st Terrace

Suite, Apt. #, Etc.

City
Pompano Beach

State
FL

Zip Code
73060-7108

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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
[Signature]
REGISTERED AGENT MUST SIGN

Date
3-15-01

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
D	<i>Martinez, Grisel</i>	<i>381 S.E. 1st Terrace</i>	<i>Pompano Beach, FL 33060</i>
D	<i>Padron, Alicia A.</i>	<i>10549 N.W. 4th Street</i>	<i>Plantation, FL 33324</i>
D	<i>Padron, Cecilia</i>	<i>10549 N.W. 4th Street</i>	<i>Plantation, FL 33324</i>
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2001
Date
954/806-7169
Daytime Phone #

CR2E081 (9/00)