

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 19 AM 9:34

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

Country

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

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

Robert Anthony Bugdan, Esq.

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

410 SE 1st Terrace

Suite, Apt. #, Etc.

City

Pompano Beach, FL

State
FL

Zip Code

33060-7108

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

Date

3/14/2001

Daytime Phone #

954/806-7169

CR2E081 (9/00)