

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 30 AM 9 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000024095

**1. Corporation Name**

Federal Disability Law Associates, Inc.

**2. Principal Office Address**

2450 NE Miami Gardens Dr. (8mm)

Suite, Apt. #, etc.

City & State

N.M.B., FL

Zip

33180

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date incorporated or Qualified  
To Do Business in Florida**

3/5/01

**5. FEI Number**

90-0054770

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

Stanley Rosenberg

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

2450 N.E. Miami Gardens Drive

Suite, Apt. #, Etc.

City

N.M.B.

State

FL

Zip Code

33180

**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

Stan Rosenberg

Date 12-20-04

REGISTERED AGENT MUST SIGN

**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
<u>P</u>	<u>Stanley Rosenberg</u>	<u>2450 Miami Gardens Dr</u>	<u>N.M.B., FL - 33180</u>

100045964651

02/03/05--01010--006 \*\*150.00

**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:

Stan Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-04

Date

954-472-9144

Daytime Phone #

CR2E081 (01/04)

December 23, 2004

Florida Secretary of State  
Att: Tyrone Scott  
409 E. Gaines Street  
Tallahassee, FL 32399

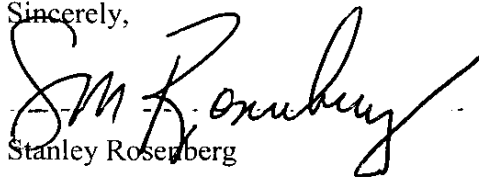
Dear Mr. Scott:

Please accept this reinstatement for the Federal Disability Law Associates, Inc. and check for \$150. The original form for 2004 was not received. Please mail the forms in the future to:

Federal Disability Law Associates, Inc.  
2450 NE Miami Gardens Drive  
North Miami Beach, FL 33180

If further information is needed, please contact my accountant at 954-472-9144.

Sincerely,

  
Stanley Rosenberg