

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000092718

**FILED**  
**Jun 19, 2011**  
**Secretary of State**

**Entity Name:** DISABILITY INCLUSION SOLUTIONS, INC.

**Current Principal Place of Business:**

1140 LIDFLOWER ST  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

1085 PAPAYA ST  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1140 LIDFLOWER ST  
HOLLYWOOD, FL 33019

**New Mailing Address:**

1085 PAPAYA ST  
HOLLYWOOD, FL 33019

**FEI Number:** 47-0858953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOUGHTON, ANDREW D  
1140 LIDFLOWER ST  
HOLLYWOOD, FL 33019 US

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

HOUGHTON, ANDREW D  
1085 PAPAYA ST  
HOLLYWOOD, FL 33019 US

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: ANDREW D HOUGHTON

06/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: HOUGHTON, JILL B  
Address: 1085 PAPAYA ST  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MR.  
Name: HOUGHTON, ANDREW D  
Address: 1085 PAPAYA ST  
City-St-Zip: HOLLYWOOD, FL 33019

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW D HOUGHTON

PRES

06/19/2011

Electronic Signature of Signing Officer or Director

Date