

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **V34337**

1. Corporation Name

**ALZHEIMER'S INSTITUTE OF AMERICA, INC.**

97 NOV 17 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1300 N. 78TH ST., STE 100  
KANSAS CITY, KS 66112**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**1300 N. 78TH STREET**

3. New Mailing Office Address, If Applicable  
**1300 N. 78TH STREET**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-7-92**

Suite, Apt. #, etc.  
**SUITE 100**

Suite, Apt. #, etc.  
**SUITE 100**

5. FEI Number

**48-1131849**

Applied For  
Not Applicable

City & State  
**KANSAS CITY, KS**

City & State  
**KANSAS CITY, KS**

Zip Country  
**66112 USA**

Zip Country  
**66112 USA**

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES/D	RONALD E. SEXTON	2900 VERONA ROAD	MISSION HILLS, KS 66208
V.PRES/ DIR.	MICHAEL L. MULLAN	15209 PLANTATION OAKS DR.	TAMPA, FL 33647
TREAS	MICHAEL L. MULLAN	15209 PLANTATION OAKS DR.	TAMPA, FL 33647
SECY	MARJORIE E. CURRAN	7240 PARALLEL	KANSAS CITY, KS 66112

REINSTATEMENT **96-97**

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**700002353407--9  
-11/20/97--01096--003  
\*\*\*\*923.75 \*\*\*\*923.75  
FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Vicky Goldstein*

**VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN**

Date **11-13-97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Marjorie E. Curran, Secy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-5-97 (913) 788-5523**  
Date Daytime Phone #