

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V34337**

1. Corporation Name

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

Principal Place of Business

Mailing Address

1300 N. 78TH STREET  
SUITE 100  
KANSAS CITY KS 66112

1300 N. 78TH STREET  
SUITE 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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

05/07/1992

5. FEI Number

48-1131849

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SEXTON, RONALD E	2900 VERONA ROAD	MISSION HILLS KS 66208
VPD	MULLAN, MICHAEL J	15209 PLANTATION OAKS DR.	TAMPA FL 33647
T	MULLAN, MICHAEL L	15209 PLANTATION OAKS DRIVE	TAMPA FL 33647
S	CURRAN, MARJORIE E	<del>2240</del> PARALLEL 7240	KANSAS CITY KS 66112
JO1000079729 -12/19/01--01053--002 ***158.75 ***158.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Marjorie E. Curran*

Date

REGISTERED AGENT MUST SIGN

11. 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:

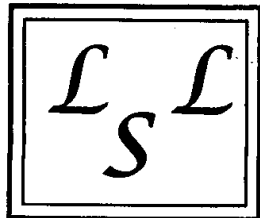
*Marjorie E. Curran*

Marjorie E. Curran

Date

Daytime Phone #

11-14-01 (913) 788-5135



## **Logan, Schmidt & Lerner, P.C.**

*Certified Public Accountants*

1300 North 78<sup>th</sup> Street, Suite 100  
Kansas City, Kansas 66112-2493  
Phone: (913) 788-5533  
FAX: (913) 788-9097

8826 Santa Fe Drive, Suite 110  
Overland Park, Kansas 66212-3672  
Phone: (913) 642-1441  
FAX: (913) 642-1494

November 14, 2001  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida, 32314

Attn: Katherine Harris

In re: Alzheimer's Institute of America, Inc.

We have received a Notice of Administrative Dissolution or Revocation for the above-named corporation. We are writing to notify your office that we did not receive the necessary form to file a timely annual report. The form may have been mailed to the Registered Agent in Florida and, for some reason, was not forwarded to our office for completion. We have enclosed the Application for Reinstatement in lieu of the Annual Report.

We have enclosed a check for \$150.00 as per a telephone conversation with your office and request that you will regard this as payment in full for reinstatement. Also, we would appreciate a Certificate of Good Standing showing that everything is up to date. We are including a check for \$8.75 to cover the cost of the Certificate of Good Standing.

Thank you for your cooperation in this matter.

We would like to request that future forms for this report be mailed to our address so that we can be sure that everything is timely filed in the future.

Sincerely,

LOGAN, SCHMDT & LERNER, P.A.

William B. Schmidt CPA  
William B. Schmidt

WBS:mc

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