

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:35

DOCUMENT # **V34337**

1. Corporation Name

ALZHEIMER'S INSTITUTE OF AMERICA, INC.

SECRETARY OF STATE
500008783805
11/04/02--01063--032 **758.75

Principal Place of Business

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

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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	7240 PARALLEL	KANSAS CITY KS 66112

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

John J. Linnahan, Asst. V.P. of CT Corporation System

Date

10/29/2002

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:

SIGNATURE REQUIRED

MARJORIE E. CURRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02 (913) 788-5533

Daytime Phone #

CR2E040 (8/02)