

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2008 MAR 25 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40012125684  
03/25/08--01055--019 \*\*315.00

CR2E081 (12/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21804

1. Corporation Name  
CENTER FOR AWARENESS, INC

2. Principal Office Address - No P.O. Box # <u>400 PROSPECT ST</u>		3. Mailing Office Address <u>125 PUTNAM AVE</u>	
Suite, Apt. #, etc. <u>3<sup>RD</sup> FL-COGBSHALL</u>		Suite, Apt. #, etc. <u>SUITE 721</u>	
City & State <u>NEW HAVEN</u>		City & State <u>HAMDEN CT</u>	
Zip <u>06511</u>	Country <u>USA</u>	Zip <u>06517</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 7/30/1987

5. FEI Number 58-1744807

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CATHERINE VILLANO

Street Address (P.O. Box Number is Not Acceptable)  
8 S.E. 2<sup>ND</sup> AVE

Suite, Apt. #, Etc.  
401

City  
MIAMI

State  
FL

Zip Code  
33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Catherine Villano Date 03/10/2008

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
PVD	MUNDAY, VIRGINIA	125 PUTNAM AVE. # 721	HAMDEN, CT. 06517
SD	BELLUCCI, THOMAS	718 "M" ST., N.W. # 345	WASHINGTON, DC 20036
TD	VILLANO, PETER F, JR	145 HUBBARD PL	HAMDEN CT 06517
D	VILLANO, CATHERINE	8 S.E. 2 <sup>ND</sup> AVE # 401	MIAMI FL 33131

**REINSTATEMENT**  
04-08

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 contained in Chapter 119, 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: Virginia Munday LCSW - VIRGINIA MUNDAY (203)  
LCSW Date 03/09/2008 Daytime Phone # 230-9344