

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

97 NOV 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V34337*

1. Corporation Name

ALZHEIMER'S INSTITUTE OF AMERICA, INC.

Principal Place of Business

Mailing Address

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

If above addresses are incorrect in any way, find 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

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

Zip
66112

Country
USA

Zip
66112

Country
USA

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. 700002353407--9
-11/20/97--01036--003
City ****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

MARJORIE E CURRAN

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

CP25046 (2/95)