

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -4 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837474

1. Corporation Name
Autism Society of America, Inc

400133937524
08/04/08--01049--004 **245.00

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<i>7910 Woodmont Ave.</i>	<i>USA</i>
		<i>300</i>	
		<i>Bethesda, MD</i>	
		<i>20814</i>	

REINSTATEMENT 04-08

4. Date Incorporated or Qualified To Do Business in Florida	<i>12/02/76</i>
5. FEI Number	<i>521020149</i>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Applied For	Not Applicable

7. Name and Address of Current Registered Agent

Name: *Teresa Becerra*

Street Address (P.O. Box Number is Not Acceptable): *13254 SW 146th Street*

Suite, Apt. #, Etc.

City: *Miami* State: **FL** Zip Code: *33186*

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: *Teresa Becerra* Date: *July 18, 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
<i>Chair of BOB</i>	<i>Cathy Pratt</i>	<i>2853 East Tenth St.</i>	<i>Bloomington, IN 47408</i>
<i>President</i>	<i>Lee Gossman</i>	<i>7910 Woodmont Avenue #300</i>	<i>Bethesda, MD 20814</i>
<i>Secretary</i>	<i>Elizabeth Roth</i>	<i>4125 Queen Mary Dr</i>	<i>Olney, MD 20832</i>
<i>Treas</i>	<i>John Reedy</i>	<i>7817 E Via Del Futuro</i>	<i>Scottsdale, AZ 85258</i>
			<i>400133937524</i>
			<i>08/04/08--01049--005 **236.25</i>

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: *[Signature]* Date: *5 Aug 2008* Daytime Phone #: *(301)657-0888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DC 8/5