## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000067922

309 E. HANNA AVENUE

TAMPA, FL 33604

Address:

City-St-Zip:

FILED Oct 06, 2005 Secretary of State

Entity Na	me: J.W. BE	HAVIOR SOLUTIONS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
309 E. HA TAMPA, F	NNA AVENUE L 33604	≣			
Current Mailing Address:			New Mailing Address:		
309 E. HA TAMPA, F	NNA AVENUE L 33604	Ξ			
FEI Number	: 20-1178222	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SNYDER, DONALD H JR 5603 26TH STREET WEST BRADENTON, FL 34207 US				309 EAST HANNA AVE.	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: JASON	WALLACE		10/06/2005	
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( WALLACE, JA 309 E. HANNA TAMPA, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( WALLACE, JA 309 E. HANNA TAMPA, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( WALLACE, JA 309 E. HANNA TAMPA, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T ( WALLACE, JA	) Delete SON D	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JASON WALLACE Ρ 10/06/2005