2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2011
Secretary of State

DOCUMENT# P10000070641

Entity Name: APPLIED BEHAVIOR CENTER FOR AUTISM INC.

Current Principal Place of Business:

113 WEST CHAPMAN ROAD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

113 WEST CHAPMAN ROAD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 27-3403152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHOMUTETSKY, HYNDI
975 BENNETT ROAD
#201
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HYNDI KHOMUTETSKY

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P, T
Name: KHOMUTETSKY, HYNDI
Address: 975 BENNETT ROAD, #201
City-St-Zip: ORLANDO, FL 32814 US

Title: D
Name: KHOMUTETSKY, HYNDI
Address: 975 BENNETT ROAD, #201
City-St-Zip: ORLANDO, FL 32814 US

Title: S
Name: BARBER, BOBBI
Address: 113 WEST CHAPMAN ROAD
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: HYNDI KHOMUTETSKY PRES 10/19/2011

Electronic Signature of Signing Officer or Director Date