PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 21 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

91-01

DOCUMENT # 718440

1. Corporation Name
Autism Society of America, South Florida Chapter, Inc.

2. Principal Office Address	3. Mailing Office Address
21212 Harbor Way	Same
Suite, Apt. #, etc.: Unit 143	Suite, Apt. #, etc.:
City & State: Aventura, Fla.	City & State:
Zip: 33180 / Country: U.S.A.	Zip: / Country:

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 591299581 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: John AngeLos

Street Address (P.O. Box Number is Not Acceptable): 6940 S.W. 9th Street

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Suite, Apt. #, Etc.:

City: Pembroke Pines | State: FL | Zip Code: 33023

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: John AngeLos — REGISTERED AGENT MUST SIGN — Date: 06/18/01

CR2E081 (9/00)

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
P/D	Nelson M. Lissabet	1343 W. 80th Street	Hialeah, Fla. 33014
S/D	Katie Rashed	6326 N.W. 173rd Lane	Hialeah, Fla 33015
T/D	Jane Hemmings	1374 N.E. 176 Street	North Miami Beach, Fla 33162
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			****857.50 ****857.50

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 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:* Nelson M. Lissabet — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/18/01 — Daytime Phone #: (305)821-5857