

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H13424**

1. Corporation Name  
**BEHAVIOR CHANGERS, INC.**

Principal Place of Business  
~~1001 G. BAYSHORE DR., STE 2204~~  
MIAMI FL 33131

Mailing Address  
~~1001 G. BAYSHORE DR., STE 2204~~  
MIAMI FL 33131

2002 WBT



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
1001 Brickell Bay Drive

3. New Mailing Office Address, If Applicable  
1001 Brickell Bay Drive

4. Date Incorporated or Qualified To Do Business in Florida  
**07/23/1984**

Suite, Apt. #, etc.  
Suite # 2204

Suite, Apt. #, etc.  
Suite # 2204

5. FEI Number  
**59-2431553**

Applied For  
Not Applicable

City & State  
Zip Country

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

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	4 City / State / Zip
P	HABER, MERRY S.	4925 COLLINS AVE, 7C	MIAMI FL
ST	RAPPAPORT, MICHAEL	7520 BOUNTY AVENUE	MIAMI BCH. FL

000008947090  
11/13/02--01014--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEEGAN, JAMES  
2600 DOUGLAS RD, PH10  
CORAL GABLES FL 33134

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1570 Madruga Avenue  
Suite, Apt. #, Etc.  
Suite #300  
City  
Coral Gables State **FL** Zip Code **33146**

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 11/4/02

REGISTERED AGENT MUST SIGN

11. 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Oct 22, 02

Daytime Phone # 305-373-7106

CR2E040 (8/02)

20fz

B E H A V I O R

C H A N G E R S INC.

October 24, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

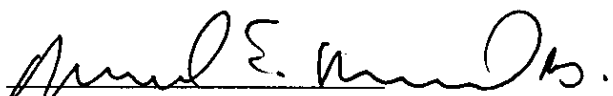
Re: Behavior Changers, Inc.  
ID#59-2431553

To Whom It May Concern:

We have received your notice (enclosed)-with regard to our failure to file the 2002 corporation annual report of Behavior Changers, Inc. Please understand that my partner has always handled the administrative part of our business. She has been very ill and hospitalized at various times during the past twelve months, which included hip surgeries and replacements. As a result, the annual report must have been misplaced and not filed timely this year. We have always filed timely reports in the past.

In consideration of the above, we respectfully request reinstatement of our Corporation and abatement of any penalties involved. Enclosed please find the \$150.00 filing fee. In advance we would like to express our sincere thanks for your prompt attention and consideration of our most difficult medical situation.

Sincerely,

  
Michael Rappaport, Ph.D.  
Vice President of Behavior Changers, Inc.