

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 25 PM 2: 57

DOCUMENT # N00000002677

1. Corporation Name

AUTISM ASSOCIATION OF NORTH EAST FLORIDA, INC.

Principal Place of Business

Mailing Address

3259 JULINGTON CREEK RD.  
JACKSONVILLE FL 32223

3259 JULINGTON CREEK RD.  
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2000

5. FEI Number

59-3643358

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	RYAN, WOODIE J	3259 JULINGTON CREEK RD.	JACKSONVILLE FL 32223
VD	SEARCY, LIBBIE	3259 JULINGTON CREEK RD.	JACKSONVILLE FL 32223
TD	THOMAS, RICKIE	3259 JULINGTON CREEK RD.	JACKSONVILLE FL 32223
			100004679471--4 -11/14/01--01093--001 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYAN, WOODIE J  
3259 JULINGTON CREEK RD.  
JACKSONVILLE FL 32223

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*Woodie J. Ryan*  
REGISTERED AGENT MUST SIGN

Date

10-20-01

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:

*Woodie J. Ryan* Woodie J. Ryan 10/20/01 904-399-4490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #