

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 OCT 30 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004907

1. Corporation Name

AUTISM BEHAVIORAL CENTER OF SOUTH PALM BEACH COUNTY, INC.

Principal Place of Business

6654 BRISTOL LAKE SOUTH
DELRAY BEACH FL 33446

Mailing Address

7409 ESTRELLA CIRCLE
BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
17950 Military
Boca Raton, FL
Zip 33496 Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
6654 Bristol Lake South
City & State
Delray Beach, FL
Zip 33446 Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2000

5. FEI Number

65-1026988

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 Office

Title(s)	Name of Office and/or Director
PD	KEMPNER, BARBARA
VD	DENBURG, MOSHE
D	CAMPOVERDE, CECIL DR

or Director (Florida nonprofit corporations must list at least 3 directors)

3	Street Address of Each Officer and/or Director	4	City / State / Zip
	7409 ESTRELLA CIRCLE 6654 Bristol Lake South		BOCA RATON FL 33433 Delray Beach 33446
	17950 N MILITARY TRAIL		BOCA RATON FL 33496
	17950 N MILITARY TRAIL		BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

KINZBRUNNER, DAVID
4801 S UNIVERSITY DRIVE
DAVE FL 33328

Registered Agent

9. Name and Address of New Registered Agent

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 named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

11. I certify that I am an officer or director of the
this reinstatement application, the reason for the
elimination 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
on this application is true and accurate, and
names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated
signature shall have the same legal effect as if made under oath.

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

SIGNATURE REQUIRED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

**AUTISM BEHAVIORAL CENTER
6654 BRISTOL LAKE SOUTH
DELRAY BEACH, FL 33446**

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

**RE: NOOOOOOOO4907
AUTISM BEHAVIORAL CENTER OF SOUTH PALM BEACH COUNTY, INC.**

Enclosed please find my application for reinstatement along with my check for \$~~51.25~~ 25.
The 2002 Annual Report/Uniform Business Report was sent to my old address and we never received it. We have moved to the address listed above and I have completed the change of address portion on the application.

Thank you very much.

Sincerely yours,



Barbara Kempner