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(Req	uestor's Name)	-
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DISS 7/30

Autistic Center of the Palm Beaches, Inc. P.O. Box 222443 West Palm Beach, FL 33422

June 24, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Articles of Dissolution for The Autistic Center of the Palm Beaches,
Tax ID 32-0015341

To whom it may concern:

Please find enclosed the article of dissolution form related to the above entity along with a check (# 5002) for \$52.50 for the required fees below.

\$35.00 filing fee for articles of dissolution \$8.75 fee for certified copy of articles of dissolution \$8.75 fee for certificate of status \$52.50

Your assistance in handling this matter is greatly appreciated.

If you should need to reach me, please contact me at 561-684-2422 during the day or 561-630-5186 in the evenings. As far as the return address, please use the address above as we will continue to hold this P.O. Box for several more months. My personal address if need be is: 6094 Pompano Street, Jupiter, FL 33458.

Sincerely,

yy watesen

resident, Autistic Center of the Palm Beaches

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is Autistic Center of THE	PARM BENCH	ES, INC.
SECOND: The articles of incorporation were filed on		-
THIRD: The corporation has not commenced to conduct its affairs.		
FOURTH: No debts of the corporation remain unpaid.	ונא האברות האברות	
FIFTH: Adoption of dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) The dissolution was authorized by a majority of the directors: OR The dissolution was authorized by an incorporator.	03 JUL 25 PM 2: 00	
☐ The dissolution was authorized by a majority of the incorporators.		
Signature Signature (By the Chairman or Vice Chairman of the Board of Directors, Profficer if Directors have not been selected by an incorporator.) Typed or printed name	esident or other	. <u>.</u>
PRESIDENT		

Title



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 17, 2003

AUTISTIC CENTER OF THE PALM BEACHES, INC. JAY WALESCH P.O. BOX 222443 WEST PALM BEACH, FL 33422

SUBJECT: AUTISTIC CENTER OF THE PALM BEACHES, INC.

Ref. Number: N02000003920

We have received your document for AUTISTIC CENTER OF THE PALM BEACHES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Letter Number: 003A00042004

Maryanne Dickey Document Specialist