

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012518

FILED
Oct 14, 2013
Secretary of State

Entity Name: FLORIDA AUTISM CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

6400 E. CHELSEA ST.
TAMPA, FL 336105628

New Principal Place of Business:

Current Mailing Address:

PO BOX 531125
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 20-8248090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTA, M. KATIE
500 E. COLONIAL DR.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

GILL, JOHN R.
500 E. COLONIAL DR.
ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN R. GILL

10/14/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: GILL, JOHN R.
Address: 500 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: C/B
Name: BRENDA, CONNOLLY
Address: 6400 E. CHELSEA ST.
City-St-Zip: TAMPA, FL 33610

Title: S
Name: LEVY, KARENNE
Address: 500 E. COLONIAL DR.
City-St-Zip: 6400 E. CHELSEA ST., FL 33610

Title: CFO
Name: THRASHER, TODD
Address: 500 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: V/C
Name: HELENIUS, MARY
Address: 6400 E. CHELSEA ST.
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. GILL

CEO

10/14/2013

Electronic Signature of Signing Officer or Director

Date