

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011860

FILED  
Nov 06, 2008  
Secretary of State

Entity Name: AMERICAN AUTISM ALLIANCE, INC

## Current Principal Place of Business:

23 ALAFAYA WOODS BLVD #253  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

23 ALAFAYA WOODS BLVD #253  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 22-3973406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MCGIVERN, STEVEN J MR  
23 ALAFAYA WOODS BLVD #253  
OVIEDO, FL 32765 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: STEVEN J. MCGIVERN

11/06/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: MCGIVERN, STEVEN  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: ST ( ) Delete  
Name: MCGIVERN, STEVEN  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: MCGIVERN, SHARON L  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: FULLER, NANCY C  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change ( ) Addition  
Name: BERTHIAUME, KENNETH A MR.  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: ST (X) Change ( ) Addition  
Name: MCGIVERN, STEVEN J MR.  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCGIVERN, STEVEN J MR.  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: OFF ( ) Change (X) Addition  
Name: MCGIVERN, STEVEN J MR.  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

Title: OFF ( ) Change (X) Addition  
Name: MCGIVERN, STEVEN J MR.  
Address: 23 ALAFAYA WOODS BLVD #253  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN J MCGIVERN

PRES

11/06/2008

Electronic Signature of Signing Officer or Director

Date