

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000000975

FILED  
Oct 04, 2010  
Secretary of State

Entity Name: AUTISM EDUCATION CENTER INC

## Current Principal Place of Business:

3108 W 23RD ST  
PANAMA CITY, FL 32401 US

## New Principal Place of Business:

AUTISM EDUCATION CENTER  
1612 TENNESSEE AVENUE  
LYNN HAVEN, FL 32444 US

## Current Mailing Address:

3108 W 23RD ST  
PANAMA CITY, FL 32401 US

## New Mailing Address:

AUTISM EDUCATION CENTER  
1612 TENNESSEE AVENUE  
LYNN HAVEN, FL 32444 US

FEI Number: 26-4556123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EZELL, HELEN D  
1800 MARYLAND AVENUE  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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: HELEN EZELL

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIR  
Name: EZELL, HELEN D  
Address: 1800 MARYLAND AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DIR  
Name: EZELL, JOSEPH L  
Address: 1800 MARYLAND AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: CPA  
Name: BRYANT, LISA  
Address: 3511 HIDDEN VALLEY COURT  
City-St-Zip: LYNN HAVEN, FL 32444

Title: OFF  
Name: BRYANT, ALAN  
Address: 3511 HIDDEN VALLEY COURT  
City-St-Zip: LYNN HAVEN, FL 32444

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: HELEN EZELL

DIR

10/04/2010

Electronic Signature of Signing Officer or Director

Date