## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N28026

FILED Dec 01, 2012 Secretary of State

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

9893 LAKE GEORGIA DRIVE 2032 KAYLAS COURT ORLANDO, FL 32817 US ORLANDO, FL 32817 US

Current Mailing Address: New Mailing Address:

PO BOX 970646 PO BOX 677055

COCONUT CREEK, FL 33097 US ORLANDO, FL 32867 US

FEI Number: 59-2910367 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUARINO, MICHAEL 7268 CRYSTAL SPRING RUN WEEKI WACHEE, FL 34607 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.

in the State of Florida.

SIGNATURE: MICHAEL GUARINO

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: SEQUENZIA, VEN Address: 2032 KAYLAS COURT City-St-Zip: ORLANDO, FL 32817

Title: TD

Name: BYERLY, PATRICE
Address: 8032 GOLDEN GLEN COURT
City-St-Zip: ORLANDO, FL 32819

Title: SD

Name: HOAGLUND, STACEY
Address: 5505 SW 119 AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: VD

Name: DEMARIA, ROBERT Address: 14218 SW 136 STREET City-St-Zip: MIAMI, FL 33186

Title: D

Name: BECERRA, TERESA
Address: 13254 SW 146 STREET
City-St-Zip: MIAMI, FL 33186

Title: [

Name: REYNOLDS, ANN
Address: 309 PARK LANE DRIVE
City-St-Zip: VENICE, FL 34285

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: VEN SEQUENZIA, JR. PD 12/01/2012