

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
FILED

05 AUG -5 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 32108

1. Corporation Name

THE AMERICAN BOARD of Sexology

200057653082  
08/12/05--01049--010 \*\*612.53

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W05-351079

2. Principal Office Address

3203 LAWTON ROAD

Suite, Apt. #, etc.

Suite 170

City & State

ORLANDO FL

Zip

32803

Country

ORANGE

3. Mailing Office Address

120 W. LAKE SUE AVE

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

**REINSTATEMENT**

93-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

90 0076651

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

WILLARD B. EASTERLING

Street Address (P.O. Box Number is Not Acceptable)

120 W. LAKE SUE AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Willard B. Easterling

Date 7/19/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	WILLIAM A. GRAUIG	3600 E. 31ST ST	FT. LAUDERDALE FL 33808
TREAS	WILLARD B. EASTERLING	120 W. LAKE SUE AVE	WINTER PARK FL 32789

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Willard B. Easterling

7/19/2005

(407) 645-1641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)