

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED


05 AUG -5 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

K. Ecker AUG 10 2005

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 32108
1. Corporation Name
THE AMERICAN BOARD of Sexology
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	
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REINSTATEMENT 93-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 90 007 6651	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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. GRUZZIG	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 Date 7/19/2005 Daytime Phone # (407) 645-1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)