PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 MAR -7 PM 12:21

DOCUMENT # **N95000000656**

1. Corporation Name

AUTISIM FOUNDATION OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
240 14TH AVE SOUTH JACKSONVILLE BEACH FL 32250 US	240 14TH AVE SOUTH JACKSONVILLE BEACH FL 32250 US

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

REINSTATEMENT CR. 110.

2. New Principal Office Address, If Applicable: 181 Fox Ridge Rd
Suite, Apt. #, etc.
City & State: Orange Park, FL
Zip: 32065 Country: Clay

3. New Mailing Office Address, If Applicable: 181 Fox Ridge Rd
Suite, Apt. #, etc.
City & State: Orange Park FL
Zip: 32065 Country: Clay

4. Date Incorporated or Qualified To Do Business in Florida: 02/09/1995

5. FEI Number: 59-3309851 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PALAZZOLA, PATRICIA	~~4244 BEACON TREE CT.~~ 181 Fox Ridge Road	~~JACKSONVILLE FL 32257~~ Orange Park 32065
D	ROUNDS, CINDY	1312 WOLFE ST.	JACKSONVILLE FL 32205
D	GRECO, PEGGY	807 NIRA ST.	JACKSONVILLE FL 32207
D	YOUNG, LAURA	1404 OSCEOLA AVE	JACKSONVILLE BEACH FL
D	WALDEN, HELEN	7749 W. BEAVER ST.	JACKSONVILLE FL 32220
D	BOYETTE, MARILYN	1405 MENNA ST.	JACKSONVILLE FL 32205

8. Name and Address of Current Registered Agent

HUNTER, FRANK
240 14TH AVE SOUTH
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City State Zip Code

500002837465--5
-04/13/99--01011--007
****297.50 ****297.50

FL

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Frank Hunter CPA
REGISTERED AGENT MUST SIGN
Date: 3/1/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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: Patricia P Palazzola Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-2-99 Daytime Phone #: 904 363 8054

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