2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# P02000082696

Entity Name: BEHAVIORS PLUS, INC.

Current Principal Place of Business:

40438 EMERALDA ISLAND RD
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

40438 EMERALDA ISLAND RD
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 54-2064615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, VIRGINIA D
40043 WEST 8TH AVE.
UMATILLA, FL 32784 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: VIRGINIA D LONG
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: LONG, VIRGINIA D
Address: 40043 WEST 8TH AVE.
City-St-Zip: UMATILLA, FL 32784

Title: PD ( ) Delete
Name: SULLIVAN, JODI L
Address: 40438 EMERALDA ISLAND RD.
City-St-Zip: LEESBURG, FL 34788

Title: DO ( ) Delete
Name: TAYLOR, REGINALD
Address: 40438 EMERALDA ISLAND ROAD
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: PAPINEAU, MAHLEE
Address: 40438 EMERALDA ISLAND RD
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: CONGER, JOSHUA D
Address: 40438 EMERALDA ISLAND RD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA D LONG VP 09/28/2009
Electronic Signature of Signing Officer or Director — Date