

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000066415

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** FORENSIC PSYCHOLOGICAL EVALUATIONS, INC.

**Current Principal Place of Business:**

150 WEST UNIVERSITY BLVD  
PSYCHOLOGY BUILDING  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

150 WEST UNIVERSITY BLVD  
PSYCHOLOGY BUILDING  
MELBOURNE, FL 32901

**New Mailing Address:**

P.O. BOX 120415  
WEST MELBOURNE, FL 32912

FEI Number: 27-0684786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GROSS, JULIE S PHD  
150 WEST UNIVERSITY BLVD  
PSYCHOLOGY BUILDING  
MELBOURNE, FL 32901 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: JULIE GROSS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: GROSS, JULIE S PHD  
Address: P.O. BOX 120415  
City-St-Zip: WEST MELBOURNE, FL 32912

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE GROSS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P/D

10/07/2010

\_\_\_\_\_  
Date