

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 23 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081691

1. Corporation Name

BEHAVIORAL INSIGHTS, INC.

800093724518

12/19/07--01032--004 **1500.00

2. Principal Office Address - No P.O. Box #

1950 W. LEE RD

3. Mailing Office Address

P.O. BOX 608151

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

ORLANDO, FL

Zip

32879

Country

ORANGE

Zip

32860

Country

ORANGE

REINSTATEMENT 98-07

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/95

5. FEI Number

593348245

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

NELSON ALSUP

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

2013 MADISON IVY CIR

Suite, Apt. #, Etc.

City

APOPKA,

State

FL

Zip Code

32712

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 2/16/07

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
D	NELSON R. ALSUP	1424 BEAR LAKE ROAD	APOPKA, FL. 32703

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 contained in Chapter 119, 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:

Nelson R. Alsup

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07

Date

407-252-9017

Daytime Phone #