


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000041180

1. Corporation Name
 ESCH BEHAVIOR CONSULTANTS, INC.

2. Principal Office Address
 6043 WINDING LAKE DRIVE

3. Mailing Office Address
 P.O. BOX 597

Subs. Apt. #, etc.

City & State
 JUPITER, FL

City & State
 JUPITER, FL

Zip 33458 **Country** USA **Zip** 33468-0597 **Country** USA

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 PM 5:24

100004679371--6
 -11/15/01--01001--007
 ****750.00 ****750.00

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 05/04/1998

5. FEI Number 65-0847174 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DEBTED **SO IS Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name JOHN W. ESCH

Street Address (P.O. Box Number is Not Acceptable)
 6043 WINDING LAKE DRIVE

Subs. Apt. #, Etc.

City JUPITER **State** FL **Zip Code** 33458

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 *Barbara E. Esch* **Date** 10-21-01

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
P	BARBARA E. ESCH	P.O. BOX 597	JUPITER, FL 33468-0579
S	JOHN W. ESCH	P.O. BOX 597	JUPITER, FL 33468-0579

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: *Barbara E. Esch, owner (PE)* **Date** 10-21-01 **Daytime Phone #** 561-748-2536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED BY: [illegible]