

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV -7 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730524

1. Corporation Name
FLORIDA INSTITUTE OF NEURO-DYNAMICS, INC.

Principal Place of Business
910 S.W. 40TH AVE.
PLANTATION FL 33317

Mailing Address
910 S.W. 40TH AVE.
PLANTATION FL 33317



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	08/23/1974
5. FEI Number	59-1574102
Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD	KRISCHER, KENNETH M.D.	910 S.W. 40TH AVE.	PLANTATION FL 33317
VPD	KNISCHER, GAIL S	910 S.W. 40TH AVE.	PLANTATION FL 33317
TD	JOHNSON, LARRY	10191 W. SAMPLE ROAD	CORAL SPRINGS FL
100002345001 -- 7 -11/12/97--01090--013 ***245.00 ***245.00 REINSTATEMENT <i>[Signature]</i>			

8. Name and Address of Current Registered Agent

KRISCHER, GAIL S.
910 S.W. 40TH AVE.
FT. LAUDERDALE FL 33317

9. Name and Address of New Registered Agent

Name: *[Signature]*
 Street Address (P.O. Box Number is Not Acceptable):
 Suite, Apt. #, Etc.:
 City: State: **FL** Zip Code:

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: *Gail S. Krischer* Date: 11/4/97
 REGISTERED AGENT MUST SIGN

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: *Gail S. Krischer* 11/4/97 954-584-6655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR25040 (8/97)