

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 730524

1. Corporation Name

FLORIDA INSTITUTE OF NEURO-DYNAMICS, INC.

Handwritten initials

Principal Place of Business

Mailing Address

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

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



REINSTATEMENT 2000

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

Form sections 2-6: New Principal Office Address, New Mailing Office Address, Date Incorporated or Qualified To Do Business in Florida (08/23/1974), FEI Number (59-1574102), Applied For (Not Applicable), CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Lists directors: KRISCHER, KENNETH M.D., KRISCHER, GAIL S, JOHNSON, LARRY.

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Form sections 8 and 9: Name and Address of Current Registered Agent (KRISCHER, GAIL S, 910 S.W. 40TH AVE, FT. LAUDERDALE FL 33317) and Name and Address of New Registered Agent.

Section 10: Signature of Registered Agent (Gail S. Krischer) and Date (11/7/2000). REGISTERED AGENT MUST SIGN.

11. 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. Date: 11/7/2000. Daytime Phone #: (404) 584-6655.

CR2E940 (8/00)