

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 730524

1. Corporation Name

FLORIDA INSTITUTE OF NEURO-DYNAMICS, INC.

Principal Place of Business

Mailing Address

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

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

FILED
01 NOV -5 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

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 \$9.75 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	4 City / State / Zip
PD	KRISCHER, KENNETH M.D.	910 S.W. 40TH AVE.	PLANTATION FL 33317
VPD	KRISCHER, GAIL S	910 S.W. 40TH AVE.	PLANTATION FL 33317
TD	JOHNSON, LARRY	10191 W. SAMPLE ROAD	CORAL SPRINGS FL

600004698906--1
-11/29/01--01070--022
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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.

R. VARNADORE NOV 28 2001

Signature of Registered Agent

Gail S. Krischer
REGISTERED AGENT MUST SIGN

Date

10/30th / 2001

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30th / 2001

Daytime Phone #

(954) - 584-6655

CR2E040 (8/01)