

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY 29 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 635028

1. Corporation Name

NEUROLOGICAL ENTERPRISES INC

2. Principal Office Address - No P.O. Box #
10530 NW 15th Place

Suite, Apt. #, etc.

City & State
Gainesville, FL

Zip Country
32606

3. Mailing Office Address
10530 NW 15th Place

Suite, Apt. #, etc.

City & State
Gainesville, FL

Zip Country
32606

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/1979

5. FEI Number

591933972

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
Buna J Wilder

Street Address (P.O. Box Number is Not Acceptable)
10530 NW 15th Place

Suite, Apt. #, Etc.

City State Zip Code
Gainesville, FL 32606

500260704465
05/29/14--01021--002 ***\$650.00

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

REGISTERED AGENT MUST SIGN

Date

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	Buna J Wilder	10530 NW 15th Place	Gainesville, FL 32606

10. E-mail Address: EVEVW@BELLSOUTH.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Buna J Wilder

2/17/14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE 5/30/14