

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003416

1. Corporation Name

Comprehensive Neuroscience, Inc.

2. Principal Office Address

21 Bloomingdale Road

Suite, Apt. #, etc.

8N

City & State

White Plains, NY

Zip

10605

Country

USA

3. Mailing Office Address

21 Bloomingdale Road

Suite, Apt. #, etc.

8N

City & State

White Plains, NY

Zip

10605

Country

USA

100025696211
12/23/03--01004--016 **750.00

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2002

5. FEI Number

13-4014869

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

National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable)

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

323001

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

Wayne Rabinelli, Jr.

Date 12/5/03

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/D	John P. Docherty, M.D. Director, Pres.	21 Bloomingdale Road, 8N	White Plains, NY-10605
VP/D	Richard Surles, Director, V P	21 Bloomingdale Road, 8N	White Plains, NY 10605
T/S	Gary Camus, Treasurer & Secretary	21 Bloomingdale Road, 8N	White Plains, NY 10605
C/D	Albert Waxman, Chairman of Board	21 Bloomingdale Road, 8N	White Plains, NY 10605
D	Timothy Howe, Director	21 Bloomingdale Road, 8N	White Plains, NY 10605
D	Marvin Moser, Director	21 Bloomingdale Road, 8N	White Plains, NY 10605

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:

Gary Camus

Gary Camus, Treasurer

12/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)