

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 AM 8:49

DOCUMENT # F98000007085

1. Corporation Name
 KALAMAZOO NEUROPSYCHOLOGY, P.C.

Principal Place of Business: ~~6228 CYPRESS BEND CT. UNIVERSITY PARK FL 34201~~
 Mailing Address: 6228 CYPRESS BEND CT. UNIVERSITY PARK FL 34201



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable 1219 East Avenue, South		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/20/1998	
Suite, Apt. #, etc. SUITE 206		Suite, Apt. #, etc.		5. FEI Number 38-2396017	
City & State Sarasota FL.		City & State		Applied For Not Applicable	
Zip 34239		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VANDENABELL, THOMAS R	6228 CYPRESS BEND CT.	UNIVERSITY PARK FL 34201
TS	VANDENABELL, ALEXIS	6228 CYPRESS BEND CT.	UNIVERSITY PARK FL 34201
			400003026814--4 10/27/99-01005-007 ****758.75 ****758.75

8. Name and Address of Current Registered Agent MOORE, JOHN L ESQ. 200 S. ORANGE AVE. SARASOTA FL 34236		9. Name and Address of New Registered Agent		
		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.
 Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 10/14/99

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: *Thomas R. Van Den Abell* Thomas R. Van Den Abell Date: 10/15/99 941-362-4527
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFC2040 (REV)