

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K99055

1. Corporation Name

NEUROBEHAVIORAL SERVICES INC.

Principal Place of Business

% NORA D. HERRERA
240 PALERMO
CORAL GABLES FL 33134
US

Mailing Address

% NORA D. HERRERA
240 PALERMO
CORAL GABLES FL 33134
US

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. 2801 Ponce de Leon

Suite, Apt. #, etc. P.O. Box 142064

City & State Coral Gables, FL

City & State Coral Gables FL

Zip 33134 Country USA

Zip 33114-2064 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1989

5. FEI Number

65-0158137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HERRERA, NORA D.	240 PALERMO	CORAL GABLES FL
D	HERRERA, JORGE A	240 PALERMO	CORAL GABLES FL
			200003654312-50
			-02/06/01--01082--004
			****900.00 ****900.00
			REINSTATEMENT 99-00

8. Name and Address of Current Registered Agent

HERRERA, NORA D.
240 PALERMO AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

2801 Ponce de Leon #780

Suite, Apt. #, etc.

Coral Gables FL 33134

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 8/30/00

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 445-3222
Daytime Phone #