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Neurotech, Inc. 504 263-9805

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LINDELL KELLISON PA


APPROVAL NO. 015002 AND P. 1 NO. 010 FILE 002

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SECRETARY OF STATE PALM HARBOR, FLORIDA

L02000028928

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L: 02000028928

1. Limited Liability Company's Name
NEUROTECH HOLDING COMPANY, LLC

REINSTATEMENT 2003

2. Principal Office Address 2233 Park Avenue		3. Mailing Office Address 2233 Park Avenue		4. State/Country of Formation Florida, USA	
Suite, Apt. #, etc. Suite 405		Suite, Apt. #, etc. Suite 405		5. Date Organized or Qualified To Do Business in Florida 10/29/03	
City & State Orange Park, Florida		City & State Orange Park, Florida		6. FEI Number 16-1686182	
Zip 32073	Country USA	Zip 32073	Country USA	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$5.00 Additional Fee for each Certificate of Status</small>	

8. Name and Address of Current Registered Agent

Name
Karen E. Wendzel

Street Address (P.O. Box Number is Not Acceptable)
12276 San Jose Boulevard

Suite, Apt. #, Etc.
Suite 126

City
Jacksonville

State
FL

Zip Code
32223

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent
Karen E. Wendzel

REGISTERED AGENT MUST SIGN

Date
10/16/03

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	Charles W. Lasky	2233 Park Avenue, Suite 405	Orange Park, Florida 32073
MGMR	Thomas F. Hardin, D.O.	2233 Park Avenue, Suite 405	Orange Park, Florida 32073

11. I certify that I am managing member/manager of the (partner or trustee employee) to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been discontinued, the limited liability company name satisfies the requirements of section 606.06, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager
Ch Lasky

Date
10-16-03

Typed or printed name of Managing Member/Manager
Charles W. Lasky

Florida Department of State
Division of Corporations
Public Access System

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From:
Account Name : LINDELL & KELLISON
Account Number : I20030000019
Phone : (904)880-4000
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LIMITED LIABILITY REINSTATEMENT
NEUROTECH HOLDING COMPANY, LLC

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