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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

**L02000028928**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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** *WOB*

2. Principal Office Address <b>2233 Park Avenue</b>		3. Mailing Office Address <b>2233 Park Avenue</b>		4. State/Country of Formation <b>Florida, USA</b>	
Suite, Apt. #, etc. <b>Suite 405</b>		Suite, Apt. #, etc. <b>Suite 405</b>		5. Date Organized or Qualified To Do Business in Florida <b>10/29/03</b>	
City & State <b>Orange Park, Florida</b>		City & State <b>Orange Park, Florida</b>		6. FEI Number <b>16-1686182</b>	
Zip <b>32073</b>	Country <b>USA</b>	Zip <b>32073</b>	Country <b>USA</b>	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 (Additional \$2.00 for each additional certificate)	

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** Date: **10/16/03**  
REGISTERED AGENT MUST SIGN

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** Daytime Phone #

Typed or printed name of Managing Member/Manager

Florida Department of State  
Division of Corporations  
Public Access System

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Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : LINDELL & KELLISON  
Account Number : I20030000019  
Phone : (904)880-4000  
Fax Number : (904)880-4013

**LIMITED LIABILITY REINSTATEMENT**  
**NEUROTECH HOLDING COMPANY, LLC**

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