

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

APPLICATION FOR ~~REINSTATEMENT~~ **DOCUMENT**

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

FILED  
 00 DEC -8 PM 4: 25  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **L86772**

1. Corporation Name  
**K-O PRODUCTIONS, INC.**



Principal Place of Business      Mailing Address

3520 W. BROWARD BLVD.  
 SUITE 105  
 FT. LAUDERDALE FL 33312

3520 W. BROWARD BLVD.  
 SUITE 105  
 FT. LAUDERDALE FL 33312

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.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. Date Incorporated or Qualified To Do Business in Florida  
**06/27/1990**

5. FEI Number  
**65-0208565**

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip    |
|------------|-------------------------------------|--|-------------------------|
| D          | HIRSCHENSON, DAVID                  | 3520 W. BROWARD BLVD. SUITE 105                  | FT. LAUDERDALE FL 33312 |
|            |                                     |  |                         |
|            |                                     |  |                         |
|            |                                     |  |                         |
|            |                                     |  |                         |
|            |                                     |  |                         |

400003506284--9  
 -12/19/00--01086--019  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

HIRSCHENSON, DAVID  
 3520 W. BROWARD BLVD.  
 SUITE 105  
 FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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]*      Date **X 12/3/2000**

REGISTERED AGENT MUST SIGN

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.

**KE**

SIGNATURE: *[Signature]*      Date **X 12/3/2000**      Daytime Phone # **X 954 791 8330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

L86772

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## IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard  
North Miami Beach, Florida 33162

Phone: (305) 949-8361  
Fax: (305) 956-5131

November 20, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Acrobat Import & Export, Inc., EIN 65-0929150  
K-O Productions, Inc., EIN 65-0208565  
Neurological Testing Center, Inc., EIN 65-0273801

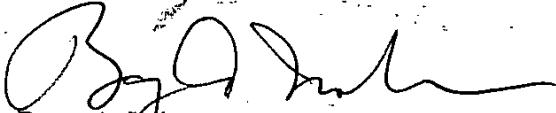
Dear Sir or Madam:

The above-referenced corporations received Notices of Dissolution for non-filing of their Annual Report/Uniform Business Report. The owner never received the first or second notices on these reports and, therefore, none were filed. We are enclosing Applications for Reinstatement for these corporations along with three checks for \$150 each. We hope you will accept these payments of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY



Barry A. Imber  
Certified Public Accountant

BAI:rcf  
Enclosures

Dr. David Hirschenson