

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
007 APR 17 AM 10:41
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

900099260409
04/30/07--01003--017 **358.75

900099260409
04/30/07--01003--018 **8.75

CR2E081 (1/07)

DOCUMENT # N03000006025

1. Corporation Name

NEUROLOGIC EDUCATION, TREATMENT, AND
RESEARCH FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

6001 VINELAND ROAD

Suite, Apt. #, etc.

SUITE 116

City & State

ORLANDO, FLORIDA

Zip

32819

Country

U.S.

3. Mailing Office Address

6001 Vineland Road

Suite, Apt. #, etc.

Suite 116

City & State

Orlando, Florida

Zip

32819

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

JULY 10, 2003

5. FEI Number

57-1178828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK J. PYLE, JR.

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

401 WEST COLONIAL DRIVE

Suite, Apt. #, Etc.

SUITE #4

City

ORLANDO

State

FL

Zip Code

32804

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Frank J. Pyle, Jr.

REGISTERED AGENT MUST SIGN

Date **MARCH 22, 2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STEPHEN J. ROSENBERG, M.D.	6001 VINELAND ROAD, SUITE 116	ORLANDO, FL 32819
D	PATRICIA BOBRYK	6001 VINELAND RD., SUITE 116	ORLANDO, FL 32819
D	REBA GORDON	6001 VINELAND RD., SUITE 116	ORLANDO, FL 32819

REINSTATEMENT

05-07 B 4/20/07

10. 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 contained in Chapter 119, 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

STEPHEN J. ROSENBERG,
EXECUTIVE DIRECTOR

04/12/07

Date

(407) 352-1112

Daytime Phone #