

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 DEC 28 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N19003**

1. Corporation Name

**FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.**

Principal Place of Business	Mailing Address
UNIVERSITY OF FLORIDA BOX J-174, J. HILLIS MILLER HEALTH CTR GAINESVILLE FL 32602-3009	UNIVERSITY OF FLORIDA BOX J-174, J. HILLIS MILLER HEALTH CTR GAINESVILLE FL 32602-3009



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <b>8020 SW 148th Dr</b>		Suite, Apt. #, etc. <b>Box 100174 3020 SW 148th Dr</b>		<b>01/29/1987</b>	
City & State <b>Miami FL</b>		City & State <b>Gainesville, FL Miami FL</b>		5. FEI Number <b>59-2770518</b>	
Zip <b>33158</b>		Country <b>Dade</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CRARY, MIKE A.	BOX J-174 J. HILLIS MILLER HEALTH Box 100174 UFHSC	GAINESVILLE FL 32601
<del>D</del>	<del>HAAR, JEANNE NANCY</del> REMOVE	AUBURN UNIVERSITY	AUBURN FL
D	SMITH, STACIE RUBIN	6290 S.W. 73 STREET 8020 SW 148th Dr	MIAMI FL 33158
D	BRUNO, TINA	1925 N.E. 117 RD.	N. MIAMI FL
D	MASSON, NAN D.	VAME 126 VA. Medical Center (ASP 126)	MIAMI FL 33130
D	GROHER, MICHAEL E.	VAME 126 Box 100174 UFHSC	TAMPA FL Gainesville FL 32601

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, STACIE RUBIN 8020 S.W. 148 DRIVE MIAMI FL 33158	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
	000002726520-6 -12/30/98-01065-019 *****61 25 *****61 25 State FL Zip Code

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 Stacie R. Smith **REQUIRED** Date 12/20/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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.

SIGNATURE: Stacie R. Smith **12/20/98** **305 6635080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #