

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC 28 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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



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 01/29/1987
Suite, Apt. #, etc. 8020 SW 148th Dr	Suite, Apt. #, etc. Box 100174 3020 SW 148th Dr	5. FEI Number 59-2770518
City & State Miami FL	City & State Gainesville, FL Miami FL	Applied For <input type="checkbox"/> Not Applicable
Zip 33158	Country Dade	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CRARY, MIKE A.	BOX J-174 J HILLIS MILLER HEALTH Box 100174 UFHSC	GAINESVILLE FL 32601
D	HAAK, JEANNE NANCY 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 12/20/98
D	GROHER, MICHAEL E.	VAME 126 Box 100174 UFHSC	TAMPA FL Gainesville Pk 32601

8. Name and Address of Current Registered Agent SMITH, STACIE RUBIN 8020 S.W. 148 DRIVE MIAMI FL 33158	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000002726520-6 Suite, Apt. #, Etc. -12/30/98-01065-019 City *****61 25 *****61 25 State FL Zip Code
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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** Date **12/20/98** Daytime Phone # **305 6635080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/93)