

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 |
| Suite, Apt. #, etc. 8020 SW 148 th DR | Suite, Apt. #, etc. Box 100174 3020 SW 148 th DR | 01/29/1987 |
| City & State Miami FL | City & State Gainesville, FL Miami FL | 5. FEI Number 59-2770518 |
| Zip 33158 | Country Dade | Applied For Not Applicable |
| 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 148 th 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 \$12/30 |
| D | GROHER, MICHAEL E. | VAME 126 Box 100174 UFHSC | TAMPA FL Gainesville Pk 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 REGISTERED AGENT MUST SIGN
Date: 12/20/98

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