

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 30 PM 4:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N30386**

1. Corporation Name

THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.

Principal Place of Business

Mailing Address

1215 LOUISIANA AVE.
 WINTER PARK FL 32789

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 WINTER PARK FL 32789

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

02/02/1989

5. FEI Number

59-2936207

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	REILLY, DIANE	1320 CRESCENT LAKE DR	WINDERMERE FL
D	RIEBEL, JUDITH A	400 OAKHURST ST	ALTAMONTE SPRGS FL
D	HILLERY, KATHY	2390 LAKEVIEW AVE	CLERMONT FL
T	ROWE, ANNA	702 DRIVER	WINTER PARK FL
D	WILKES, GEORGE ROBERT	1003 LEE LANE	LEESBURG FL 34748

8. Name and Address of Current Registered Agent

STRONG, HOPE
 200 W WELLBORNE AVE
 WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ 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

Hope Strong REGISTERED AGENT MUST SIGN

Date

28 Dec 1999

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.

SIGNATURE:

Judith A. Riebel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A. Riebel 12/22/99
 (407)644-2121
 12/22/99
 407-644-2121

CR2E040 (8/99)