

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -9 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002715

1. Corporation Name

THE INTERNATIONAL SOCIETY FOR HYPERBARIC OXYGENATION
IN CEREBRAL PALSY AND THE BRAIN INJURED CHILD, INC.

2. Principal Office Address

4001 Ocean Drive

3. Mailing Office Address

4001 Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale-By-The Sea, FL

City & State

Lauderdale-By-The-Sea, FL

Zip

33308

Country

U.S.A.

Zip

33308

Country

U.S.A.

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

5/4/99

SP

5. FEI Number

65-0916746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. MORGAN SPEER, ESQUIRE

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

1800 Australian Avenue South

Suite, Apt. #, Etc.

Suite 100

City

West Palm Beach,

State

FL

Zip Code

33409

236.25 Adm
61.25 AR

400004342274-6
05/05/01-01087-019

****297.50 ****297.50

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

W. Morgan Speer
REGISTERED AGENT MUST SIGN

Date April 30, 2001

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
P	Trish Planck	1691 Meadowwood Lane First Floor	Reno, NV 89502
D	Richard A. Neubauer, M.D.	4001 Ocean Drive	Lauderdale-By-The-Sea, FL 33308
D	W. Morgan Speer	1800 Australian Avenue South Suite 100	West Palm Beach, FL 33409
D	Regina Cooper	4001 Ocean Drive	Lauderdale-By-The Sea, FL 33308

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 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:

W. Morgan Speer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Morgan Speer, Dir 4/30/01 (561)655-9478

Date

Daytime Phone #

CR2E081 (9/00)