

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000007101

1. Corporation Name

THE CEREBRAL RESEARCH TRUST, INC.

Principal Place of Business

Mailing Address

~~1401 MANATEE AVE. WEST STE. 000~~
~~BRADENTON FL 34205~~

~~1401 MANATEE AVE. WEST STE. 000~~
~~BRADENTON FL 34205~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3515 E. Fletcher Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

3. New Mailing Office Address, If Applicable

783 S. Orange Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, FL

Zip

34236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

5. FEI Number 59-3623352

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	Robert Rostamp	783 S. Orange Ave, Ste 200	Sarasota, FL 34236
S/r/o	Anthony Reading, M.D.	3515 E. Fletcher Ave.	Tampa, FL 33613
D	Robert Daugherty MD, PhD	3515 E. Fletcher Ave.	Tampa, FL 33613
D	Michael Mullen MD, PhD	3515 E. Fletcher Ave.	Tampa, FL 33613
D	Steven Rostamp	783 S. Orange Ave Ste 200	Sarasota, FL 34236
D	Martin Silbiger MD MBA	3515 E. Fletcher Ave.	Tampa, FL 33613

8. Name and Address of Current Registered Agent

PATTERSON, GREGORY L ESQ.

~~1401 MANATEE AVE. WEST STE. 000~~

~~BRADENTON FL 34205~~

9. Name and Address of New Registered Agent

Name

Steven Rostamp

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

783 S. Orange Ave, Ste 200

Suite, Apt. #, Etc.

City

Sarasota

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

REGISTERED AGENT MUST SIGN

Date 1/9/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/00 (941) 704-7149

Daytime Phone #

FILED

01 FEB 28 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-01

CR2E040 (8/00)