

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN -6 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035390

1. Corporation Name

NDNC Neurological Treatment Centers, Inc.

2. Principal Office Address - No P.O. Box #

9720 STIRLING ROAD

Suite, Apt. #, etc.

#212

City & State

COOPER CITY, FL

Zip

33024

Country

USA

3. Mailing Office Address

9720 STIRLING ROAD

Suite, Apt. #, etc.

#212

City & State

COOPER CITY, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2000

5. FEI Number  
65-1004316

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

MICHAEL S. JAFFEE, CPA

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

9720 STIRLING ROAD

Suite, Apt. #, Etc.

#212

City

COOPER CITY

State

FL

Zip Code

33024

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12/31/2008

REGISTERED AGENT MUST SIGN

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,D	BROWN, STEVEN	9720 STIRLING ROAD, #212	COOPER CITY, FL 33024
S,D	JAFFEE, MICHAEL S.	9720 STIRLING ROAD, #212	COOPER CITY, FL 33024

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 contained in Chapter 119, 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

MICHAEL S. JAFFEE

12/31/2008

Date

954-430-5855

Daytime Phone #