

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00 000110056			
1. Corporation Name John Osgood Neuromuscular Therapy Inc.			
2. Principal Office Address 4685 Tamiami Tr. North Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Naples FL		City & State	
Zip 34103	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/31/2000		5. FEI Number 59-3680802	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 PM 2:00

7. Name and Address of Current Registered Agent	
Name John Osgood LMT	
Street Address (P.O. Box Number is Not Acceptable) 4685 Tamiami Tr N	
Suite, Apt. #, Etc.	
City Naples	State FL
Zip Code 34103	

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 John Osgood	Date 12-12-01
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
Pres	John Osgood	4685 Tamiami Tr N	Naples FL
VP	John Osgood	" "	" "
Treas	John Osgood	" "	" "
Sec	John Osgood	" "	" "
12/21			

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 John Osgood	Date 12-12-01	Daytime Phone # 941-263-6062	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

John Osgood Neuromuscular Therapy Inc.
Lic. #0020093
4685 Tamiami Trail North
Naples, Florida, 34103
(941) 348-2295

Dec 12, 2001

~~31 October 2001~~

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32339

P 000-00-110056

To whom it may concern:

I have just received a notice of dissolution for my corporation.

For the record, I would like to state that this was the first notification from your office sent of any kind. I have never received any annual renewal notification or other.

My accountant has directed me to enclose a check for \$150.00 that I hope will bring us up to date for my account.

Thank you for your understanding and patience.

Sincerely

John Osgood
John Osgood, LMT

12/12/01

As Directed by you, I have
returned my letters, check, and the
Reinstatement form together.

Thank you for expediting this
matter

Sincerely

John Osgood