

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 15 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013589

1. Corporation Name

Neuro Solutions Inc.

2. Principal Office Address

707 BALLARD ST.

Suite, Apt. #, etc.

Suite 1001

City & State

Altamonte Springs FL

Zip
32701

Country
USA

3. Mailing Office Address

707 BALLARD ST.

Suite, Apt. #, etc.

1001

City & State

Altamonte Springs, FL

Zip
32701

Country
USA

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

5/01

5. FEI Number

593695437

☒

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

Weatherford, William P Jr.

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

1031 W. Monroe Blvd

Suite, Apt. #, Etc.

Suite 105

City

Winter Park

State
FL

Zip Code
32789

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

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
<u>Pres</u>	<u>Brad Fowler</u>	<u>707 BALLARD ST.</u>	<u>Altamonte Springs, FL 32701</u>
<u>VP</u>	<u>Dr. M. Kathleen Murphy</u>	<u>707 Ballard St.</u>	<u>Altamonte Springs, FL 32701</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05 (321)277-2906

Date

Daytime Phone #

CR2ED81 (01/05)