PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

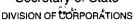
APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State



DOCUMENT # P01000042514

1. Corporation Name

NEUROWIZ, INC.

Principal Place of Business

Mailing Address

TA

FILED
OHFEBII PH 3: 45

102 NUNDY ROAD AMPA FL 33618	3402 NUNDY ROAD TAMPA FL 33618 through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable		REINSTATEMENT 03-04			
. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida	04/27/2001			
uite, Apt. #, etc.	Suite, Apt. #, etc.	-	04/21/2001	_		

City & State			City & State		59-3715843		Not Applicable	
Zip	•	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)		
Title(s)	ittle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD	WILSON, N	MARIA-CARMEN B MD	•	. 3402 NUNDY ROAD TAMPA FL 33618				
STD	STD WILSON, DANNY L			3402 NUNDY ROAD		TAMPA FL 33618		
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8. Name and Address of Current Registered Agent						9. Name and	Address of New Register	red Agent
~ ADIFO		A P.A			Name (A	214 - C	ALMEN WI	سے کو ہوک

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134

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

3402 Nunon Suite, Apt. #.

City AMPA State | Zip Code 33618

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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

October 10, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Attn: Reinstatement Department

Re: Neurowiz, Inc.

According to my client, Maria-Carmen Wilson, she never received the 2003 annual report or 2nd notice to which she would have certainly responded.

Enclosed is a check for \$150.00 for the annual report fee for 2003 along with the reinstatement form with the correct information. I am requesting that the reinstatement fee be waived for the reason mentioned above.

Sincerely,

David A. Bankston, CPA

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