

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000042514

1. Corporation Name

NEUROWIZ, INC.

Principal Place of Business

Mailing Address

3402 NUNDY ROAD  
TAMPA FL 33618

3402 NUNDY ROAD  
TAMPA FL 33618

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/2001

5. FEI Number

59-3715843

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
PD	WILSON, MARIA-CARMEN B MD	3402 NUNDY ROAD	TAMPA FL 33618
STD	WILSON, DANNY L	3402 NUNDY ROAD	TAMPA FL 33618

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

MARIA - CARMEN WILSON

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

3402 NUNDY ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/9/03

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

10/9/03

Daytime Phone #

FILED

04 FEB 11 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

08-04

CR2E040 (7/03)

October 10, 2003

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

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Attn: Reinstatement Department

Re: Neurowiz, Inc.

According to my client, Maria-Carmen Wilson, she never received the 2003 annual report or 2<sup>nd</sup> 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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