

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000094362

1. Corporation Name

The Audiology Center, Inc

2. Principal Office Address

12520 World Plaza Lane

Suite, Apt. #, etc.

Suite 3

City & State

Fort Myers, FL

Zip

33907

Country

USA

3. Mailing Office Address

11607 Ranchette Rd

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

USA

REINSTATEMENT

03-04

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

-9/24/2001

5. FEI Number

65-1139720

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

Leslie E. Neal

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

11607 Ranchette Rd

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

500034819395

04/30/04--01019--023 **450.00

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

Leslie E. Neal

REGISTERED AGENT MUST SIGN

Date 4/24/04

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>PD</u>	<u>Leslie E. Neal</u>	<u>11607 Ranchette Rd</u>	<u>Fort Myers, FL 33912</u>
<u>V</u>	<u>Alfonso Martinez</u>	<u>11607 Ranchette Rd</u>	<u>Fort Myers, FL 33912</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:

Leslie E. Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

Date

239-274-8800

Daytime Phone #

CR2E081 (01/04)

65



The Audiology Center

Professional Hearing Services

Leslie E. Neal, PhD, FAAA
Audiologist

April 26, 2004

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

RE: Reinstatement of Corporation

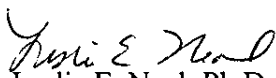
To Whom It May Concern:

My corporation, The Audiology Center, Inc was dissolved last year for non-payment of the annual report. I did not receive the annual report because my mailing address changed and it was not forwarded it to me. I did not know this had occurred until my accountant discovered it today.

I have enclosed the corporation re-instatement form with the updated mailing address as well as the appropriate fees for penalty (\$300) and for the 2004 annual report (\$150) as directed by the customer service representative I spoke with today.

Please call me with any questions or concerns (239) 274-8800. I appreciate your attention to this matter.

Sincerely,


Leslie E. Neal, Ph.D.
Audiologist