

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -5 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111270

1. Corporation Name

Central Nervous System Institute, Inc.

2. Principal Office Address

3003 Cardinal Drive

Suite, Apt. #, etc.

E

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Office Address

3003 Cardinal Drive

Suite, Apt. #, etc.

E

City & State

Vero Beach, FL

Zip

32963

Country

USA

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

11/21/01

5. FEI Number

59-3754950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Michael J. Garavaglia, Esq.

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

756 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

1/29/03

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
P	Fernando G. Miranda	3003 Cardinal Drive	Vero Beach, FL 32963
V	Curtis Dalili	3790 - 7th Terrace	Vero Beach, FL 32960
S	Joseph J. Altieri	1600 - 36th Street	Vero Beach, FL 32960

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

Date

Daytime Phone #

1-29-03. (772) 234-1716

2/10/03

CR2E081 (10/02)