

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 10 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # P01000111438

1. Corporation Name **Comprehensive Headache & Pain Treatment Center, Inc.**

2. Principal Office Address **1770 N.E. Miami Gardens**
3. Mailing Office Address **1770 N.E. Miami Gardens Drive**

4. Date Incorporated or Qualified To Do Business in Florida **11/21/01**

City & State **North Miami Beach, FL**
City & State **North Miami Beach, FL**
Zip **33179** Country **USA** Zip **33179** Country **USA**

5. FEI Number **223850191**
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 **Barry Burak, DC**
Street Address (P.O. Box Number is Not Acceptable) **1770 N.E. Miami Gardens Drive**
Suite, Apt. #, Etc.
City **North Miami Beach**

800024446388
11/21/03-00025-02 ***10.00
State **FL** Zip Code **33179**

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **11/3/03**

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
Dir.	Barry Burak	1770 N.E. Miami Gardens Dr.	N. Miami Beach, FL 33179
Dir.	Carrie Landess	1770 N.E. Miami Gardens Drive	N. Miami Beach, FL 33179

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]* **Barry Burak** **11/3/03** **305-666-8883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2508 (10/02)