PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 NOV 29 PM 3:55
SEC.
TALLAHASSEE, FL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000024791

1. Corporation Name
NEUROCAP CORPORATION

REINSTATEMENT CREDIT CARD 04-05

2. Principal Office Address	3. Mailing Office Address
7600 S.W. 57TH AVE	7600 S.W. 57TH AVE
Suite, Apt. #, etc. SUITE # 304	Suite, Apt. #, etc. SUITE # 304
City & State S. MIAMI, FL	City & State S. MIAMI, FL
Zip 33143 County USA	Zip 33143 County USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 04-3748269 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JEREZ, ALVARO

Street Address (P.O. Box Number is Not Acceptable): 7600 S.W. 57TH AVE

Suite, Apt. #, Etc.: SUITE # 304

City: S. MIAMI State: FL Zip Code: 33143

8. I, being appointed the registered agent of the above stated corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: (X) JEREZ MD Date: 11/17/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JEREZ, ALVARO	7600 S.W. 57TH AVENUE	MIAMI, FL 33143
		SUITE # 304	

200061744192
11/29/05--01012--018 **900.00

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 records for dissolution have 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 as directors 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: (X) JEREZ MD 11/17/2005 305-666-8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #