## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 OCT 25 AM 8:35
DOCUMENT # \$\rho 0300064160  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
CLINICAL NEUROLOGICAL		
SPECIALTIES INC.		Ar .
2. Principal Office Address	3. Mailing Office Address SAME	DEMICTATERATE TO
430 MORTON PLANT		REINSTATEMENT 2004
Suite Apt. #, etc.	Suite, Apt. #, etc.	4. Date incorporated or Qualified
# 400 City & State	City & State	To Do Business in Florida 6/10/2003
CLEARWATER, FL	regard of 6 237 of 5777 to be a september of the septembe	5. FEI Number Applied For A0 - 00 37409 Not Applied For
Zip Country	Zip Country	6 59.75 Additional F
33756 USA		CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name VOLLBRACHT, ROBERT L.		
Street Address (P.O. Box Number is Not Acceptable)		
430 MORTON PLANT ST.		
# 400		
CLEARWATER FL State Zip Code 756		
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 10/19/09  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 Officers and/or Director		City / State / Zip
D VOLLBRACHT, R	OBERT 8759 SILVER	33777 RTHORNERD. LARGO, FL
D ARORA, AJAY		DR. PALM HARBOR, FL 34665
D POLLOCK, DIA	NA L. 8 SUNSET BA	Y DR. BELLEAIR, FL 33756
D ANDRIOLA, MI	CHAEL 3 416 LOTUS PA	OTH CLEARWATER, FL 33756
		400042150044
		10/25/0401058 010 ***(50.00
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 filling 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:  MICHAEL ANDRIOLA ID/19/04 (727)443-5		