

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 14 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000011449
Neuroscience Services INC

1. Corporation Name

Principal Place of Business

Mailing Address

2030 IOWA AVE NE
2050 IOWA AVE NE
ST Petersburg FL 33703

REINSTATEMENT 95-96

PS 97AIR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

2081 CAROLINA AVE NE Box 22182
Suite, Apt. #, etc.

City, State

ST Petersburg

Zip 33703

Country PINELLAS

3. New Mailing Address, If Applicable

2081 CAROLINA AVE NE Box 22182
Suite, Apt. #, etc.

City, State

ST Petersburg

Zip 33742

Country PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida

3-1-94

5. FEI Number

59-3368687

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required to a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	George M Naruns	2081 CAROLINA AVE NE	ST Pete, FL 33703

400002060774--9
-01/16/97--01094--001
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

George M Naruns
2050 IOWA AVE NE
ST Petersburg FL 33703

9. Name and Address of New Registered Agent

Name George M Naruns
Street Address (P.O. Box Number is Not Acceptable) 2081 CAROLINA AVE NE
Suite, Apt. #, Etc.
City ST Petersburg
State FL Zip Code 3

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

George M Naruns

REGISTERED AGENT MUST SIGN

Date

1-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

George M. Naruns 1-10-97 813-528-8378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)