

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019026

1. Corporation Name

Neuro Etc. Inc.

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 2140 Forest Hollow Wy		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32259	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	03/06/1995
5. FEL Number 59-3303928	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name The Nichols Group			
Street Address (P.O. Box Number is Not Acceptable) 1329 Kingsley Ave			
Suite, Apt. #, Etc. Ste D			
City Orange Park	State FL	Zip Code 32073	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *The Nichols Group, P.A.* Date *9/28/07*
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	Caryl Hayes	2140 Forest Hollow Way	Jacksonville, FL 32259
VP	Michael Hayes	2140 Forest Hollow Way	Jacksonville, FL 32259

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10/11/07--01047--017 **300.00

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 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 contained in Chapter 119, 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: *Caryl A. Hayes* *Caryl A. Hayes* 10/1/07 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
219-0283