APPLICATION -**FOR**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

REINSTATEMENT

P95000067710

1. Corporation Name

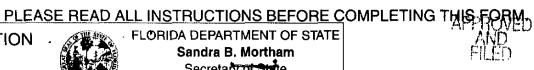
NEURAL SYSTEMS SEMINARS, INC.

Principal Place of Business

Mailing Address

4681 WEST LEITNER DR.

4681 WEST LEITNER DR.



97 JAN 21 AM 9:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CORAL SPRINGS FL 33067		CORAL SPRINGS FL	CORAL SPRINGS FL 33087			E EAGLEGOR VID FOLDE DINU DOUG BOUL OCUS STATE SOLDE FOUND THOSE BOUL 1901			
If above a	ddresses are incorrect in any way, li	ne through incorrect informati	ion and enter corre	ection below.					
New Principal Office Address, If Applicable 3. New Mai			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/01/1995				
Suite, Apt. #, etc. Suite, Apt.			, etc.					Applied For	
City & State	9	City & State	tale		45-0562716 Not Applicable				
Z ip	Country	Zip	Country	, , <u>, , , , , , , , , , , , , , , , , </u>	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Ac	dditional Fee required Certificate of Status	
7. Names	and Street Addresses of Each Office	r and/or Director (Florida no	nprofit corporation	s must list at le	ast 3 directors)				
Title(s)	Name of Office and/or Director 2			Address of Each and/or Director ost Office Box I	City / State / Zip				
PSTD	LEVEN, SAMUEL J		1 WEST LEITNE			CORAL SPRINGS FL 33067			
S	CORLEY, WILLIAM E III		4681 WEST LEITNER DR.			CORAL SPRINGS FL 33067			
				REI	NSTAT	EMENT	1990 1990	2-97 . alan	
	O Name and Address of Ou	avent Declatered & gent			A Name and	Address of New Peri		1/21/97	
	8. Name and Address of Cu	N	9. Name and Address of New Registered Agent Name						
	PORATION SERVICE COMPANY		s	Street Address (P.O. Box Number is Not Acceptable)					
	Hays Street Ahassee FL 32301-2525		Suite, Apt. #, Etc.					CR2E040 (7/96)	
			City				FL State Zij	p Code	
Signature of Registered	pes this corporation p	, WWW REGISTERED AGENT N ay any intangible	tax to the	ren B. F	Rozar, As	Date 1-21 Agent	other side for		
12. I certify this rein owed b	y that I am an officer or director or the installement application, the reason for the corporation have been paid an application is true and accurate, and	r S. 199.032, F10	rida Statute red to execute this ated, the corporate sted on this form d	application as name satisfied o not qualify fo	provided for in ch s the requirement or an exemption un	apter 607 or 617, F.S. s of section 607.0401	I further certi or 617.0401, i), F.S. The i	ify that when filing F.S., that all fees	
SIGNA	TURE: OGNATURE AND TYPED	OR PRINTED NAME OF SIGNIN	G OFFICER OR DIRE	VICC.	tor	7 // V / 7/ Date		e Phone #	



ACCOUNT NO. : 07210000032

REFERENCE :

213878

146164A

AUTHORIZATION

COST LIMIT

ORDER DATE: January 7, 1997

ORDER TIME: 1:54 PM

ORDER NO. : 213878-005

CUSTOMER NO:

146164A

200002064452--0

CUSTOMER: Ms. Ann Marie Gordon

Caldwell & Pacetti

Suite 300

324 Royal Palm Way

Palm Beach, FL 33480-4352

DOMESTIC FILINGS

NAME: NEURAL SYSTEMS SEMINARS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS