

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000067710**

1. Corporation Name

NEURAL SYSTEMS SEMINARS, INC.

Principal Place of Business

4681 WEST LEITNER DR.
CORAL SPRINGS FL 33067

Mailing Address

4681 WEST LEITNER DR.
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

09/01/1995

5. FEI Number

65-0562716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for 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
PSTD	LEVEN, SAMUEL J	4681 WEST LEITNER DR.	CORAL SPRINGS FL 33067
S	CORLEY, WILLIAM E III	4681 WEST LEITNER DR.	CORAL SPRINGS FL 33067

REINSTATEMENT 1996-97

A. Alan
1/21/97

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Karen B. Rozar

REGISTERED AGENT MUST SIGN

Karen B. Rozar, As Agent

Date

1-21-97

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 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

9/18/91
Date

954-
346-8608
Daytime Phone #

CR2E040 (7/95)

2



ACCOUNT NO. : 072100000032

REFERENCE : 213878 146164A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 915.00

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
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS

A. Attaw
1/21/97

DIVISION OF CORPORATIONS

97 JAN 21 PM 2:50

RECEIVED