

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

97AR
APPLICATION FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV -3 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000016880**

1. Corporation Name

NEUROMUSCULAR CLINIC, INC.

Principal Place of Business

Mailing Address

**1201 OAKFIELD DR
SUITE 406
BRANDON FL 33511**

**1201 OAKFIELD DR
SUITE 406
BRANDON FL 33511**

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

2. New Principal Office Address, If Applicable

750 W Lumsden Rd

Suite, Apt. #, etc.

D

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

750 W Lumsden Rd

Suite, Apt. #, etc.

D

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1996

5. FEI Number

65-0736670

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 |
|------------|-------------------------------------|---------------------------------------------------------------------------------------|-------------------------|
| D | RINEBOLD, SHERRAIL L | 1201 OAKFIELD DR SUITE 100 750 W Lumsden Rd, D | BRANDON FL 33511 |
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100002340541--7
-11/06/97--01089--012
******165.00 ****165.00**

8. Name and Address of Current Registered Agent

**RINEBOLD, SHERRAIL L
1201 OAKFIELD DR
SUITE 100
BRANDON FL 33511**

9. Name and Address of New Registered Agent

Name

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

750 W Lumsden Rd

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Sherrail Rinebold LMT

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Sherrail Rinebold LMT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97
Date

813-681-4357
Daytime Phone #

CFR2040 (8/97)

NEUROMUSCULAR CLINIC
750 W LUMSDEN RD. STE. D
BRANDON, FL 33511

TO WHOM IT MAY CONCERN:

PLEASE NOTICE THE ADDRESS YOU HAVE ON FILE IS UNCORRECTED. THIS IS MY FIRST YEAR AS A CORPORATION. I MOVED MY OFFICE IN DECEMBER OF 1996.

ENCLOSED YOU FIND A CHECK FOR \$165.75

PLEASE CALL ME IF YOU NEED ANY FURTHER INFORMATION.

SINCERELY,

A handwritten signature in cursive script, reading "Sherrail Rinebold L.M.T.", with a stylized flourish at the end.

SHERRAIL RINEBOLD L.M.T.