

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -6 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036093

1. Corporation Name

Neurobehavioral Medicine
Centre of SARASOTA, Inc

2. Principal Office Address

2750 Bahia Vista

Suite, Apt. #, etc.

200

City & State

SARASOTA, FL

Zip

34277

Country

SARASOTA

3. Mailing Office Address

PO Box 5425

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34277

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1996

5. FEI Number

65-0667597

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Michael Moran, Esq.~~ BEVERLY B RAYFIELD

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

~~Ringling St PO Box 5~~ 2750 Bahia Vista

Suite, Apt. #, Etc.

Suite 200

City

SARASOTA

State

FL

Zip Code

34239

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

Beverly B Rayfield

Date 5-30-06

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
Pres/	Beverly B Rayfield	2750 Bahia Vista Suite 200	Sarasota, FL 34239
Secy/Treasurer			

400076210364
06/15/06--01002--015 **1050.00

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:

Beverly B Rayfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-06

Date

941-

330-2929

Daytime Phone #