

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000038002

Entity Name: NOVONEURON, INC.

FILED  
Sep 09, 2009  
Secretary of State

## Current Principal Place of Business:

2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

7552 WEST TREASURE DRIVE  
MIAMI BEACH, FL 33141

## Current Mailing Address:

2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

## New Mailing Address:

7552 WEST TREASURE DRIVE  
MIAMI BEACH, FL 33141

FEI Number: 65-0779750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GELLER, JOSEPH S ESQUIRE  
2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

GELLER, JOSEPH S ESQUIRE  
100 WEST CYPRESS CREEK ROAD SUITE 700  
FORT LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH C MASH

09/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: MASH, DEBORAH C PH.D.  
Address: 2411 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: SIGEL, PHILIP A ESQUIRE  
Address: 8818 SW 72ND STREET F-13G  
City-St-Zip: MIAMI, FL 33131

Title: D T ( ) Delete  
Name: KIRSCH, JEFFREY  
Address: 848 BRICKELL AVENUE SUITE PENTHOUSE  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: KADIN, FRED  
Address: 5425 TENTH FAIRWAY DRIVE #3  
City-St-Zip: DEL RAY BEACH, FL 33484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: MASH, DEBORAH C PH.D.  
Address: 7552 WEST TREASURE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH C MASH

PRES

09/09/2009

Electronic Signature of Signing Officer or Director

Date