

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 NOV -3 AM 8:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000098509**

1. Corporation Name

DYNAMIC NEUROLOGICAL TESTING, INC.

Principal Place of Business
 1367 N. MILITARY TRL.
 WEST PALM BEACH FL 33409

Mailing Address
 1367 N. MILITARY TRL.
 WEST PALM BEACH FL 33409



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/05/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0715066	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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
President	Charles L Mitzelfeld	1367 N. Military Trail	West Palm Bch, Fla 33409
			000002337250--1
			-11/04/97 81025--024
			****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MITZELFELD, CHARLES 1367 N. MILITARY TRL. WEST PALM BEACH FL 33409		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: Date: 10/30/97

REGISTERED AGENT MUST SIGN

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: 10/30/97 5616840333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

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July 17, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Document # P96000098509 (8)
Dynamic Neurological Testing, Inc.

Please take note that the enclosed check is for \$165.00. This is due to the fact that the first notice was never received. I spoke with someone from the Department of State today and they stated to send only the originally due \$165.00 and a letter with the return.

Thank you for your assistance.

Sincerely,



Dr. Charles L. Mitzelfeld