

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUN -3 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000026393

**1. Corporation Name**

Volusia Neurologic Associates, P.A.

**2. Principal Office Address**

405 Downing St

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

**3. Mailing Office Address**

405 Downing St

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/25/97

**5. FEI Number**

59-3442942

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

Norberto Martinez, Jr

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

405 Downing St

Suite, Apt. #, Etc.

City

New Smyrna Beach,

State

FL

Zip Code

32168

**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

*Norberto Martinez Jr*

REGISTERED AGENT MUST SIGN

Date *5-30-02*

**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
P	Norberto Martinez, Jr	405 Downing St	New Smyrna Beach, FL 32168
VP	Vicente Trapani	405 Downing St	New Smyrna Beach, FL 32168
		201.25 - AC	
		10.00 - ARARTS	
		88.75 - ARSupp	
		8.75 - Cert	

**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 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:**

*Norberto Martinez Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-30-02*

Date

*(386) 427-3700*

Daytime Phone #

CR2E081 (9/01)

May 30, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Volusia Neurologic Associates, P.A.  
Document #P97000026393  
FEI #59-3442942

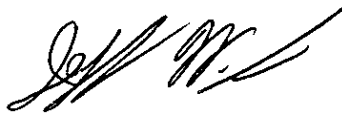
Dear Sir/Madam:

As per our telephone conversation, enclosed is our Corporation Reinstatement along with our check in the amount of \$308.75. As we discussed, the corporation did not receive a preprinted Uniform Business Report for the years 2001 and 2002 due to the change of address.

Please give me a call if you have any questions.

Sincerely,

THE PM GROUP

A handwritten signature in black ink, appearing to read 'Jeffrey Wilson', with a stylized flourish at the end.

Jeffrey Wilson  
Accountant for Volusia Neurologic Associates