

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077275

1. Corporation Name

NEUROLOGY & NEURODIAGNOSTIC CONSLTANTS. INC

2. Principal Office Address

2909 N ORANGE AVE

Suite, Apt. #, etc.

SUITE 109

City & State

ORLANDO FL

Zip

32804

Country

3. Mailing Office Address

2909 N ORANGE AVE

Suite, Apt. #, etc.

SUITE 109

City & State

ORLANDO FL

Zip

32804

Country

200035711612
05/06/04--01049--008 **1658.75

REINSTATEMENT 98-04

4. Date Incorporated or Qualified

To Do Business in Florida 9/8/1997

5. FEI Number

59-3469244

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

LATA BANSAL

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

2909 N ORANGE AVE

Suite, Apt. #, Etc.

SUITE 109

City

ORLANDO

State

FL

Zip Code

32804

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

REGISTERED AGENT MUST SIGN

Date 4/30/04

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/S/D	LATA BANSAL	2909 N ORANGE AVE, SUITE 109	ORLANDO FL 32804

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-228-0220

CR2E081 (01/04)