

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077275

1. Corporation Name

Neurology & Neurodiagnostic Consultants, Inc.

2. Principal Office Address - No P.O. Box #

2909 N. Orange Avenue

3. Mailing Office Address

2909 N. Orange Avenue

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

Suite 109

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

7. Name and Address of Current Registered Agent

Name

Lata Bansal

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

2909 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 109

City

Orlando

State

FL

Zip Code

32804

**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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
PSTD	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 MAY -5 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400155463734

05/05/09 - 01039 - 028 **750.00

REINSTATEMENT

05-09

5/11/09