

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016646

1. Corporation Name

COMPREHENSIVE NEUROLOGIC SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

2900 NORTH MILITARY TRAIL STE. 175
BOCA RATON FL 33431

2900 NORTH MILITARY TRAIL STE. 175
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1999

5. FEI Number

65-0897586

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
D	KAPLAN, EDWARD H	2900 NORTH MILITARY TRAIL STE.	BOCA RATON FL 33431
			000023869510 10/17/03--01019--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAPLAN, EDWARD H
2900 NORTH MILITARY TRAIL STE. 175
BOCA RATON FL 33431

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

10-8-03

REGISTERED AGENT MUST SIGN

11. 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

10-8-03

Daytime Phone #

CR2E040 (7/03)

COMPREHENSIVE NEUROLOGIC SPECIALISTS

EDWARD H. KAPLAN, M.D.

Board Certified by the American Board of
Psychiatry and Neurology

October 8, 2003

Mr. Tyrone Scott
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott:

Today, in the mail, we received a form concerning the dissolution of my corporation, Comprehensive Neurologic Specialists. We never received any information concerning having this renewed as per your discussion with my nurse, Sherry Cogan.

Enclosed is a check for \$150.00. I hope this will satisfy any needs of the Division of Corporations to see that my corporation is reinstated.

Thank you for your consideration in this matter.

Sincerely,



Edward H. Kaplan, MD

EHK/AMT-dm
Enclosure