

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION  
FOR  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Marine Highway  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000053142

1. Corporation Name

ACROBAT IMPORT & EXPORT, INC.

Principal Place of Business

Mailing Address

3520 W. BROWARD BLVD.  
SUITE 105  
FORT LAUDERDALE FL 33312

3520 W. BROWARD BLVD.  
SUITE 105  
FORT LAUDERDALE FL 33312

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

06/11/1999

5. FEI Number

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	HIRSCHENSON, DAVID	16425 COLLINS AVE. WS3A	NORTH MIAMI BEACH FL 33160
D	PETIT, GILBERTE	9175 WEST SUNRISE BLVD.	PLANTATION FL 33322

900003506273-4  
-12/19/00--01086--017  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIRSCHENSON, DAVID  
3520 W. BROWARD BLVD.  
SUITE 105  
FORT LAUDERDALE FL 33312

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

*[Signature]*

Date 12/3/2000

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.

KE

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/2000 305-899-9611  
Date Daytime Phone #

949 066 053142

20F2

## IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard  
North Miami Beach, Florida 33162

Phone: (305) 949-8361  
Fax: (305) 956-5131

November 20, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Acrobat Import & Export, Inc., EIN 65-0929150  
K-O Productions, Inc., EIN 65-0208565  
Neurological Testing Center, Inc., EIN 65-0273801

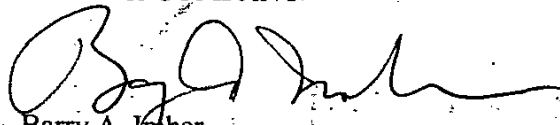
Dear Sir or Madam:

The above-referenced corporations received Notices of Dissolution for non-filing of their Annual Report/Uniform Business Report. The owner never received the first or second notices on these reports and, therefore, none were filed. We are enclosing Applications for Reinstatement for these corporations along with three checks for \$150 each. We hope you will accept these payments of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY

  
Barry A. Imber  
Certified Public Accountant

BAI:rcf  
Enclosures

Dr. David Hirschenson