

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075710

1. Corporation Name

Bay regional and International Institute of Neurology, INC

2. Principal Office Address  
2708 W. Virginia Ave

3. Mailing Office Address  
2708 W. Virginia Ave

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33607

Country

USA

Zip

33607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 8/20/99

5. FEI Number  
59-3594573

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Radhakrishna K. Rao

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

2708 W. Virginia Ave

Suite, Apt. #, Etc.

Suite B

City

Tampa

State  
FL

Zip Code

33607

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/29/02

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/D	Radhakrishna K. Rao	2708 W. Virginia Ave, Suite B.	Tampa, Florida 33607
M	Pratima Rao	2708 W. Virginia Ave, Suite B	Tampa, Florida 33607

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]* (RADHAKRISHNA K. RAO.)

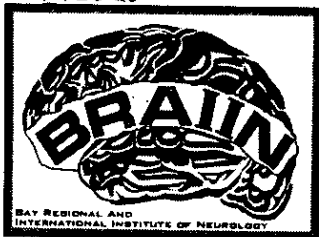
11/15/02

(813) 876-3783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**BAY REGIONAL AND INTERNATIONAL INSTITUTE OF NEUROLOGY  
(BRAIIN)  
A Comprehensive Holistic Approach To A Complex Disorder**

November 15, 2002

Bay Regional and International Institute of Neurology, INC  
2708 W. Virginia Ave, Suite B  
Tampa, Florida 33607  
Phone: (813) 876-3783  
Fax: (813) 876-2525

**Radhakrishna K. Rao, M.D.  
D.C.H., M.S. (Hosp. Adm.)  
Pediatric Neurology**

2708 W. Virginia Avenue, Suite B  
Tampa, Florida 33607  
Phone: (813) 87-Nerve(63783)  
Fax: (813) 876-2525

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Corporation Reinstatement  
Document Number: P99000075710

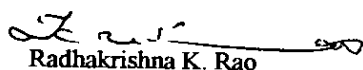
Dear Sir/Madam:

I am enclosing the completed Reinstatement application form for Bay Regional and International Institute of Neurology, Inc. As I did not receive any communication from your office due to change in our principal address and misunderstanding, we were unable to send you the annual reports/fee. After discussing the concerned issues with your staff and as per his advice I am enclosing a check for \$450.00 (\$150.00x 3 years) (2000/2001/2002) and additional \$8.75 for certificate of status. I kindly request you to reinstate the said corporation and also to waive the reinstatement fee.

Kindly inform us if you need any further information.

Thanking you

Sincerely

  
Radhakrishna K. Rao  
President

Bay Regional and international Institute of Neurology, Inc.

Seven Springs Medical Park  
3633 Little Road Suite 101  
New Port Richey, Florida 34655

Epilepsy  
Headache  
ADD/ADHD  
Child Neurology  
Learning Disorders  
Sleep/Speech Disorders  
Nutritional Assessment  
Psychological Evaluations  
Cerebral Palsy/Developmental Disorders  
Physical/Occupational Therapies

Satellite Clinics:  
Tampa  
3001 W. M.L.K. Blvd.

North Tampa  
15045 Bruce B. Downs Blvd.

Lakeland, Brandon & Sarasota