

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WF2

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S55167

1. Corporation Name

NEUROLOGICAL TESTING CENTER, INC.

Principal Place of Business

Mailing Address

3520 WEST BROWARD BLVD.
SUITE 106
FT. LAUDERDALE FL 33312

3520 WEST BROWARD BLVD.
SUITE 106
FT. 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

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0273801

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	3520 WEST BROWARD BLVD.	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIRSCHENSON, DAVID
3520 WEST BROWARD BLVD.
SUITE 106
FT. 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

REGISTERED AGENT MUST SIGN

Date X 12/3/2000

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 12/3/2000 X 954 7918330

555167

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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

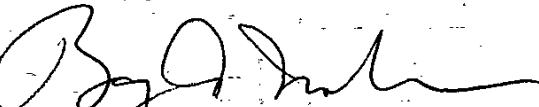
Dear Sir or Madam:

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.