

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

NOV 6 2007  
3:07 NOV -6 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000072221

1. Limited Liability Company's Name

Moscow Chiropractic, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
11215 Park Blvd

3. Mailing Office Address  
11215 Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Seminole, FL

City & State  
Seminole, FL

Zip  
33772

Country

Zip  
33772

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 10/05/2004

6. FEI Number  
201781179

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Jeffrey Moscow, Dr.

Street Address (P.O. Box Number is Not Acceptable)  
11215 Park Blvd

Suite, Apt. #, Etc.

City  
Seminole

State Zip Code  
FL 33772

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeffrey Moscow, Dr	11215 Park Blvd	Seminole, FL 33772

LS

REINSTATEMENT 10-07  
400111993754  
11/05/07-01027-003 \*\*105.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 11/1/07

Daytime Phone # 727-395-0808

Typed or printed name of signing Managing Member/Manager Dr. Jeffrey Moscow