

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 30 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M26714**

1. Corporation Name  
**NORTH BROWARD CHIROPRACTIC ASSOCIATES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>C/O LEONARD COHN<br/>3766 N.E. 3 AVE.<br/>POMPANO BEACH FL 33064</b> | Mailing Address<br><b>C/O LEONARD COHN<br/>3766 N.E. 3 AVE.<br/>POMPANO BEACH FL 33064</b> |
|--|--|

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



|  |   |         |                |
|--|---|---------|----------------|
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. New Mailing Office Address, If Applicable<br><b>3462 N. University Dr.<br/>SUNRISE FL<br/>33351</b><br>City & State<br>Zip | Country | Country        |
|  |   |         | <b>Broward</b> |

|  |   |  |
|--|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>01/31/1986</b>                                     |   |  |
| 5. FEI Number<br><b>59-2630503</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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<br>Title(s)   | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
| PD  | COHN, LEONARD                          | 3766 N.E. 3 AVE.   | POMPANO BEACH FL  |
| VD  | BILELLO, VINCENT                       | 3766 N.E. 3 AVE.   | POMPANO BEACH FL  |
|   |  |  | 200002339652--4<br>-11/06/97--01003--012<br>****165.00 ****165.00 |
|   |  |  | 10-27-97  |

8. Name and Address of Current Registered Agent

**COHN, LEONARD  
3766 N.E. 3 AVE.  
POMPANO BEACH FL 33064**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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: *A. B. ...* Date: **10-27-97**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *A. B. ...* 10-27-97 954-796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9600

CR2E040 (8/97)

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**NORTH BROWARD  
CHIROPRACTIC ASSOCIATES**

October 27, 1997

Dear Leslie,

As per our conversation today, this is to reiterate that we did not receive our corporate renewal neither time that it was sent to us. I appreciate you waiving the fees that you did and I shall monitor the renewals myself from here forward.

Also please note our new mailing address which is in box #3 on the enclosed form.

If you have any further questions please feel free to contact me.

Sincerely,



Vincent A. Bilello, D.C., P.A.