

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 27 PM 1:47

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **M65140**

1. Corporation Name

WELLS ROAD CHIROPRACTIC CENTER, INC.

Principal Place of Business

Mailing Address

1677 WELLS ROAD
 SUITE 122
 ORANGE PARK FL 32073
 US

1677 WELLS ROAD
 SUITE 122
 ORANGE PARK FL 32073
 US

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



REINSTATEMENT

80

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/19/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2873993

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	KELLY, REBECCA LYNN	1677 WELLS RD., #122	ORANGE PARK FL
D	ALLEN, IRIS CYNTHIA	1677 WELLS RD., #122	ORANGE PARK FL

500003465465--2
 -11/16/00--01008--018
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KELLY, REBECCA LYNN~~
 1677 WELLS RD.
 STE 122
 ORANGE PARK FL 32073

Allen, Iris Cynthia

Name

Allen, Iris Cynthia

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

1677 Wells Rd.

Suite, Apt. #, Etc.

STE 122

City

Orange Park

State

FL

Zip Code

32073

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

IRIS CYNTHIA ALLEN
 REGISTERED AGENT MUST SIGN

Date

10/23/00

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.

SIGNATURE:

IRIS CYNTHIA ALLEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

904-264-1418

Daytime Phone #

KE

CR2E040 (8/00)