

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000143763

FILED
Dec 22, 2005
Secretary of State

Entity Name: PROACTIVE CHIROPRACTIC INC.

Current Principal Place of Business:

17035 PINES BLVD
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17035 PINES BLVD
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-1813767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD SUITE 1045
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAYMOND J ZOMERFELD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BUCKLEY, JOSEPH
Address: 17035 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOESPH BUCKLEY

Electronic Signature of Signing Officer or Director

PST

12/22/2005

Date