2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P05000038119

Entity Name: POWERLINE CHIROPRACTIC, INC.

Current Principal Place of Business:

919 E. CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

5315 LAKE WORTH ROAD
LAKE WORTH, FL 44463 US

New Mailing Address:

FEI Number: 20-2482989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASTOFSKY, DARREN
5315 LAKE WORTH ROAD
LAKE WORTH, FL 33463 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: DARREN LASTOFSKY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LASTOFSKY, DARREN
Address: 5315 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: DARREN LASTOFSKY PRES 03/16/2011

Electronic Signature of Signing Officer or Director — Date