

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 11 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082511

1. Corporation Name
CHIRO-MEDICAL CLINIC, INC.
4021 NO. ANDREWS AVE
FT. LAUDERDALE, FL 33309

2. Principal Office Address
4021 N. ANDREWS AVE

3. Mailing Office Address
same

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State

Zip
33309

Country
BROWARD

Zip

Country

000036057890
05/11/04--01050--008 **900.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
11/23/93

5. FEI Number
65 0465296

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee req for a Certificate of Sta

7. Name and Address of Current Registered Agent

Name
KATHLEEN GREGG

Street Address (P.O. Box Number is Not Acceptable)
4021 N. ANDREWS AVE

Suite, Apt. #, Etc.
6

City
FT LAUDERDALE

State
FL

Zip Code
33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date

5/10/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>KATHLEEN GREGG</u>	<u>4021 N. ANDREWS AVE #6</u>	<u>FT. LAUDERDALE FL 33309</u>

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/04 (954) 396-3908