

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 NOV 18 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074160

1. Corporation Name  
1ST CHIROPRACTIC, INC.

Principal Place of Business  
5224 SOUTH ORANGE AVENUE #A  
ORLANDO FL 32809

Mailing Address  
5224 SOUTH ORANGE AVENUE #A  
ORLANDO FL 32809



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

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
Sulte, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/06/1996  
5. FEI Number 59-34 026 90 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$3.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BELIARD, MIRLOURDES	1621 AMERICANA BLVD. #20H	ORLANDO FL 32809

600002353346--0  
11/20/97-01085-028  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent  
OMBRES, ALEXANDER J  
801 N. MAGNOLIA AVENUE #201  
ORLANDO FL

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Sulte, 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: [Signature] REGISTERED AGENT MUST SIGN  
Date: 11/14/97

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/97 (407) 888-9894  
Date Daytime Phone #

CR2E040 (8/97)