

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
1998 - 2001
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # # K26518

1. Corporation Name
ABC CHIROPRACTIC THERAPEUTIC
WELLNESS INC, JEFFREY S. HOFFMAN DCA

2. Principal Office Address
3491 WOOLBRIGHT RD

3. Mailing Office Address
6542 NEWPORT LK CIR

Suite, Apt. #, etc.
BAY 3

Suite, Apt. #, etc.

City & State
BOYNTON BCH, FL
Zip
33436
Country
USA

City & State
BOCARATON FL
Zip
38496
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 6/20/88

5. FEI Number 65-0054809
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RANDIE H. HOFFMAN 780004065507 - 1
Street Address (P.O. Box Number is Not Acceptable) 3491 Woolbright Rd BAY 3 -04/25/01--01007--019
Suite, Apt. #, Etc. *****600.00 *****600.00
City BOYNTON BEACH State FL Zip Code 33436

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 [Signature] REGISTERED AGENT MUST SIGN Date 3/28/01

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
PD	JEFFREY S. HOFFMAN	3491 WOOLBRIGHT RD BOYNTON BCH, FL 33436	BOYNTON BCH, FL 33436
Sec	RANDIE H. HOFFMAN	3491 WOOLBRIGHT RD BOYNTON BCH, FL 33436	BOYNTON BCH, FL 33436

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/28/01 (561) Daytime Phone # 241-7670

CR2E081 (9/00)

282

DR. JEFFREY S. HOFFMAN, D.C., P.A.

6542 NEWPORT LAKE CIRCLE

BOCA RATON, FLORIDA 33496

PHONE 561736-0000

Fax 561-8899

March 28, 2001

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

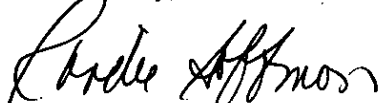
As per our conversation I have enclosed a check for \$600.00 for reinstatement of provider #650054809, ABC Chiropractic Wellness Center. Jeffrey S. Hoffman, D.C., P.A.

As we discussed on the phone I never received a reinstatement notice at the correct mailing address and the \$600.00 dollars should be waived. Please take care of reinstating this as soon as possible.

The correct mailing address is 6542 Newport Lake Circle, Boca Raton, Florida 33496. The office address is 3491 Woolbright Road, Boynton Beach, Florida 33436.

Thank you for your cooperation in this matter.

Sincerely,



Randie Hoffman

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