

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105487

1. Corporation Name  
ADAM M. SHAPKIN, D.C. P.A.

Principal Place of Business 110 LAKE EMERALD DRIVE APT 301 FORT LAUDERDALE FL 33309	Mailing Address 110 LAKE EMERALD DRIVE APT 301 FORT LAUDERDALE FL 33309
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8343 SW 5th Street Apt. 101 Pembroke Pines, FL 33025 USA	3. New Mailing Office Address, If Applicable 8343 SW 5th Street Apt. 101 Pembroke Pines, FL 33025 USA	4. Date Incorporated or Qualified To Do Business in Florida 11/01/2001
5. FEI Number 65-1149382		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 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	4 City / State / Zip
PVST	SHAPKIN, ADAM M	110 LAKE EMERALD DRIVE APT 301 8343 SW 5th St. 101	FORT LAUDERDALE FL 33309 Pembroke Pines, FL 33025

8. Name and Address of Current Registered Agent SHAPKIN, ADAM M 110 LAKE EMERALD DRIVE APT 301 FORT LAUDERDALE FL 33309	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8343 SW 5th Street Suite, Apt. #, Etc. APT. 101 City Pembroke Pines State FL Zip Code 33025
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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. or 617.0505, F.S.

Signature of Registered Agent: Adam M. Shapkin, D.C. P.A. Date: 10/30/02  
REGISTERED AGENT MUST SIGN

11. 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: Adam M. Shapkin, D.C. P.A. Adam M. Shapkin, D.C. P.A. 10/30/02 (305) 654-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

ADAM M SHAPKIN, D.C., P.A.

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8343 SW 5TH STREET #101  
Pembroke Pines, FL 33025  
954-433-4091  
amshapkindc@yahoo.com

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

October 30, 2002

To whom it may concern,

I received a notification in the mail recently pertaining to the dissolution or revocation of my corporation. This letter is to notify you that I never received the two prior uniform business report (UBR) notifications. I moved and changed my address in March of this year. I am sending the appropriate UBR filing fee of \$150.00 without penalties and my completed application for reinstatement along with this letter.

Regards,

Adam M Shapkin, D.C., P.A.

*Adam M. Shapkin, D.C., P.A.*