

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 27, 2004
Secretary of State**

DOCUMENT# K26518

Entity Name: ABC CHIROPRACTIC THERAPEUTIC WELLNESS, INC., JEFFREY S. HOFFMAN, DC, PA

Current Principal Place of Business:

3491 WOOLBRIGHT ROAD
BAY #3
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

6542 NEWPORT LK CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0054809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, RANDIE H.
6542 NEWPORT CK CIR
BOCA RATON, FL 33496 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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOFFMAN, JEFFREY S.,
Address: 6541 NEWPORT LAKE CIR
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: HOFFMAN, RANDIE,
Address: 6542 NEWPORT LK CIR
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOFFMANRANDIEH.

T

10/27/2004

Electronic Signature of Signing Officer or Director

_____ Date