PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081065**

1. Corporation Name

PINES WEST CHIROPRACTIC, INC.

Principal Place of Business	Mailing Address
17035 NW PINES BLVD. PEMBROKE PINES FL 33027	17035 NW PINES BLVD. PEMBROKE PINES FL 33027

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

REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida: **10/01/1996**

5. FEI Number: **65-0705019** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUCKLEY, JOSEPH	18745 NW 1 ST.	PEMBROKE PINES FL 33029
D	MARTINEZ, DAMIAN	15118 SW 72 ST.	MIAMI FL 33183

300024199163
10/28/03--01032--013 **175.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BUCKLEY, JOSEPH 17035 PINES BLVD PEMBROKE PINES FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 X Joseph Buckley SIGNATURE REQUIRED — Date 10-8-03
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: X Joseph Buckley SIGNATURE REQUIRED Joe Buckley — 10-8-03 — 954 432-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHIROPRACTIC CENTERS

Dr. Joseph M. Buckley
Dr. Damian Martinez
Dr. Carlo Guadagno

October 08, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern,

Our office just received notice that our corporation has been dissolved due to none payment.

Our corporation is 6 years old, and we never had any problems with timely payments. I have never received a notice for the 1st or second annual notices.

Attached you will find a check for the amount of $150.00 and please waive the reinstatement fee.

Sincerely,

Gay Manzini

Gay Ann Manzini
Office Manager

PINES WEST CHIROPRACTIC
17035 Pines Blvd.
Pembroke Pines, FL 33027
Tel: 954-432-3343
Fax: 954-450-2565

MARTINEZ CHIROPRACTIC
12821 S.W. 88 Street
Miami, FL 33186
Tel: 305-388-7577
Fax: 305-388-7851

WEST KENDALL CHIROPRACTIC
15118 S.W. 72nd Street
Miami, FL 33193
Tel: 305-386-9559
Fax: 305-386-9561