PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 QPAR

FILED
99 MAY 17 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F53061

1. Corporation Name

Ocala Chiropractic Center, Inc.

Principal Place of Business	Mailing Address
631 NE 25th Ave. Ocala, FL 34470	631 NE 25th Ave. Ocala, FL 34470

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/1981

5. FEI Number: 59-2127147 (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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	Berning, James R.	631 NE 25th Avenue	Ocala, FL 34470
DVS	Berning, Marilyn	631 NE 25th Avenue	Ocala, FL 34470

000002883010--7
-05/21/99--01105--032
****150.00 ****150.00

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-05/21/99--01105--033
****150.00 ****150.00

8. Name and Address of Current Registered Agent

Berning, Marilyn C.
631 NE 25th Avenue
Ocala, FL 34470

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Marilyn C. Berning — REGISTERED AGENT MUST SIGN — Date: 5/12/99

11. This corporation owes 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 listed on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: DR. JAMES BERNING — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/12/99 Daytime Phone: 352-624-2866