

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 28 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F56678

1. Corporation Name

CHIROPRACTIC & MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

2942 WEST COLUMBUS DRIVE, S-101
P.O. BOX 20267
TAMPA FL 33607

2942 WEST COLUMBUS DRIVE, S-101
P.O. BOX 20267
TAMPA FL 33607

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

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

12/02/1981

5. FEI Number

59-2114752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SP 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MILLER, DONNA SUE	1100 PINELLAS BAYWAY, K-9	TIERRA VERDE FL
VST	MILLER, BRUCE W	1100 PINELLAS BAYWAY, K-9	TIERRA VERDE FL
PD	MILLER, DONNA SUE	4450 GULF BLVD. #316	ST. PETERSBURG BEACH, FL 33706
VST	MILLER, BRUCE W	4450 GULF BLVD. #316	ST. PETERSBURG BEACH, FL 33706

000003039720--2
-11/09/99-01063-002
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, BRUCE W
2942 W COLUMBUS DR #101
TAMPA FL 33607

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

Bruce W. Miller

Date 10-11-99

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:

Donna S. Miller
Donna S. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-99
Date

113-387-201
Daytime Phone #