

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F68225**

**1. Corporation Name**

Richard Alan Reiner, D.C., P.A.

**REINSTATEMENT** 01-03

200025307172  
12/08/03--01013--004 \*\*450.00

**2. Principal Office Address**

5768 Okeechobee Blvd.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33417

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02-08-82

**5. FEI Number**

59-2167389

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dr. Richard A. Reiner

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

5768 Okeechobee Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33417

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Richard A. Reiner*

REGISTERED AGENT MUST SIGN

Date **12-03-03**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Dr. Richard A. Reiner	5768 Okeechobee Blvd.	West Palm Beach, FL 33417
Sec.	Luba M. Reiner	5768 Okeechobee Blvd.	West Palm Beach, FL 33417

**10. 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:

*Richard A. Reiner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-03-03

Date

(561) 689-4700

Daytime Phone #

CR2E081 (10/02)

REINER CHIROPRACTIC CENTER

Dr. Richard A. Reiner  
Dr. Joseph M. Flagello  
5768 Okeechobee Blvd.  
West Palm Beach, FL 33417

December 3, 2003

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Corporation Reinstatement  
Richard Alan Reiner, D.C., P.A.  
59-2167389

Dear Madam or Sirs:

I just learned today that according to your records, the above named corporation is listed as dissolved effective 2001. I have been on disability since 2000 and was unaware that the filing of the Annual Report was not done. To the best of my knowledge, the corporation filed all of the required forms when they were due. During the past three years we withheld and paid all income taxes and filed and paid all tangible and intangible taxes to the State of Florida using our tax ID number. If I were not a legal corporation, why wouldn't I receive correspondence from the Department of State informing me that a match in payments to my tax ID number and my corporation does not exist? Based on this information, I hope you can understand my surprise and confusion to learn that I do not exist.

Please find enclosed a check for \$450.00 for the three years that were not paid. I request that you waive the \$600.00 Reinstatement Fee. I look forward to your response.

Yours truly,

A handwritten signature in black ink, appearing to read 'Richard A. Reiner, D.C., P.A.', written in a cursive style.

Richard A. Reiner, D.C., P.A.