

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *ab*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F90496*

1. Corporation Name

Family Chiropractic Health Centers, Inc.
Principal Place of Business Mailing Address

697-271063

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

2. New Principal Office Address, If Applicable

13070 CORTES BLVD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 845
Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip

34613

Country

HERNANDO

Zip

34605

Country

HERNANDO

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

Title(s)	1	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
	P		DAVID K. DAHMER SR, DC		26197 MOUNTAIN LAKE ROAD		BROOKSVILLE FL 34602

8. Name and Address of Current Registered Agent

YVONNE K. BENJAMIN
13070 CORTES BLVD.
BROOKSVILLE FL 34605

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Yvonne K. Benjamin
REGISTERED AGENT MUST SIGN

Date *12-15-97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Dahmer *12-5-97*

Date

352-540-4873

Daytime Phone #

FILED

97 DEC 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *90-97*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2132375

6. CERTIFICATE OF STATUS DESIRED ☒

Applied For

Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

9000002383989-8

-12/29/97-01002-009

****923.75 ****923.75

12-22-97

1562-003620