

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **G30213**

1. Corporation Name

**RICHARD S. TAYLOR, D.C., P.A.**

Principal Place of Business

Mailing Address

% RICHARD S. TAYLOR  
 525 US 27 S.  
 SEBRING FL 33870-9108

% RICHARD S. TAYLOR  
 525 US 27 S.  
 SEBRING FL 33870-9108

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

FILED  
 04 FEB 16 AM 9:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT 03-04**

800027377188  
 01/22/04--01007--017 \*\*150.00

4. Date Incorporated or Qualified To Do Business in Florida

03/23/1983

5. FEI Number

59-2285980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TAYLOR, RICHARD S	525 US 27 S.	SEBRING FL
STD	TAYLOR, DEBORAH J	525 US 27 S.	SEBRING FL

800027377188  
 01/22/04--01007--018 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, RICHARD S.  
 525 US 27 SOUTH  
 SEBRING FL 33870

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. or 617.0505, F.S.

Signature of Registered Agent

*Debbie Taylor Richard S Taylor*

REGISTERED AGENT MUST SIGN

Date

1-30-04

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:

*Debbie Taylor Richard S Taylor 1-30-04*  
*Debbie Taylor - Sec/Treas 1/15/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (7/03)