

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G41100**

1. Corporation Name **FELKER CLINIC OF
CHIROPRACTIC, INC.**

2. Principal Office Address

8834 N. 56th St

Suite, Apt. #, etc.

City & State

TAMPA

Zip

33607

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT 09-04

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

59-2320540

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

ALAN R. FELKER

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

8834 N. 56th St

200027610292

01/26/04--01071--026 **1508.75

Suite, Apt. #, Etc.

TAMPA

City

TAMPA

State
FL

Zip Code

33607

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **1/25/04**

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	ALAN R. FELKER	18007 CRAWLEY RD	ODESSA, FL
VP	"	"	33576
Sec	"	"	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/04 **83-417-1258**
Daytime Phone #