

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

DEF

98 NOV 19 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47786**

1. Corporation Name

CHIROPRACTIC CENTER OF MIRAMAR, INC.

Principal Place of Business

Mailing Address

**6115 MIRAMAR PARKWAY
MIRAMAR FL 33029**

**6115 MIRAMAR PARKWAY
MIRAMAR FL 33023**



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

2. New Principal Office Address, If Applicable

7924 PINES BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7924 PINES BLVD

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

07/07/1983

5. FEI Number

59-2301440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33024

Country

Zip

33024

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PST	WOELTJEN, DONALD H.	6115 MIRAMAR PARKWAY 7924 PINES BLVD	MIRAMAR FL PEMBROKE PINES, FL 33024
D	WOELTJEN, DONALD H.	6115 MIRAMAR PARKWAY 7924 PINES BLVD	MIRAMAR FL PEMBROKE PINES, FL 33024

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-12/03/98--01061--015
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOELTJEN, DONALD H.
6115 MIRAMAR PARKWAY
MIRAMAR FL 33023

Name
WOELTJEN, DONALD H.
 Street Address (P.O. Box Number is Not Acceptable)
7924 PINES BLVD
 Suite, Apt. #, Etc.

City
PEMBROKE PINES State
FL Zip Code
33024

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

[Signature] **REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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] **DONALD H. WOELTJEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/98

Daytime Phone #

954-961-6161

CR2E040 (9/88)

CCM

CHIROPRACTIC CENTER OF MIRAMAR, INC.

DR. DONALD H. WOELTJEN

Chiropractic Orthopedist

7924 Pines Blvd., Pembroke Pines, FL 33024

(954) 961-6161

Wofz

November 17, 1998

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

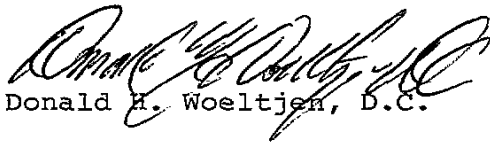
To Whom It May Concern:

Please be advised we have received a Notice of Administrative Dissolution or Revocation today. Upon checking our files we find that we have no record of receiving the original notice. As you can see, we have moved to a new location and the mail should have been forwarded. However, we did not receive your notice.

I am enclosing the application for reinstatement with a check in the amount of \$150.00. We were incorporated in 1983 and have paid this fee every year. We would appreciate your reviewing this and waiving the \$600.00 late fee.

Thank you for your courtesy and cooperation regarding this matter.

Sincerely,



DHW/nl

enc.