

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H09888

**FILED**  
**Dec 01, 2010**  
**Secretary of State**

**Entity Name:** WILLIAM A. GLIWA, D.C., P.A.

**Current Principal Place of Business:**

1610 N VILLAGE LANE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 61680  
FORT MYERS, FL 33906

**New Mailing Address:**

PO BOX 683198  
ORLANDO, FL 32868

**FEI Number:** 59-2420556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GLIWA, WILLIAM A  
1610 VILLAGE LANE  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLIWA WILLIAM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: GLIWA, WILLIAM A  
Address: 5736 N ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLIWA WILLIAM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR

12/01/2010

\_\_\_\_\_  
Date