

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 4:49

DOCUMENT # H53062

1. Corporation Name

A SAFFAN CHIROPRACTIC CENTER, P.A.

Principal Place of Business

Mailing Address

12406 W DIXIE HWY
NORTH MIAMI FL 33161
US

12406 W DIXIE HWY
NORTH MIAMI FL 33161
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1985

5. FEI Number

59-2515555

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SAFFAN, MICHAEL S.	12406 W. DIXIE HWY.	N. MIAMI FL 33161
			500003487415--1 -12/05/00--01047--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TANEN, JEFFREY S.
-ONE BISCAYNE TOWER, SUITE 3250
MIAMI FL 33131

Name
DAVID M. SCHEINMAN
Street Address (P.O. Box Number is Not Acceptable)
10691 N. KENDALL DR
Suite, Apt. #, Etc. (10691 N. KENDALL DR)
210
City
MIAMI
State
FL
Zip Code
33176

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 11/3/00

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)(l), 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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/00 305-893-1168

Daytime Phone #

CR2ED40 (8/00)

2

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11 10 1999

SAFFAN CHIROPRACTIC CENTER

H53062

CHIROPRACTIC PHYSICIAN

COLONIAL SHOPPING CENTER
12406 WEST DIXIE HIGHWAY
NORTH MIAMI, FLORIDA 33161
TELEPHONE (305) 893-1168

November 6, 2000

Florida Department of State
Division of Corporations--
P.O. Box 6327
Tallahassee, FL 32314

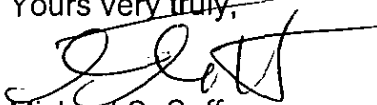
Dear Sirs:

I am writing this letter in response to your Notice of Administrative Dissolution or Revocation. We respectfully request the corporation, A Saffan Chiropractic Center, P.A., be reinstated and the reinstatement fee be waived for reasonable cause. We did not receive the first or second notice. The receipt of the "Notice of Administrative Dissolution or Revocation" was the first correspondence received for this year.

We have completed the application for reinstatement and enclose a check for \$150. Again, we respectfully request the reinstatement fee be waived.

Thank you for your attention to this matter. If you have any questions please feel free to contact me. Thank you for your courtesy.9*

Yours very truly,


Michael S. Saffan
President

"Our Purpose: To Help as Many People as Possible"