

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H61171**

1. Corporation Name

DR. RIADH A. FAKHOURY, D.C., P.A.

Principal Place of Business

Mailing Address

1021 SW 17 ST.
OCALA FL 32674

1021 SW 17 ST.
OCALA FL 32674

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

06/03/1985

5. FEI Number

59-2541991

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FAKHOURY, RIADH A.	606 S.W. 3RD AVE.	127 S.W. 11TH ST.

900023819129
10/15/03--01056--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAKHOURY, DR. RIADH A.
606 S.W. 3RD AVENUE
OCALA FL 32670

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

R. Fakhoury **DR. P.A.**

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

R. Fakhoury **DR. P.A.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

352-266-1268

CR2E040 (7/03)

CFC

FAKHOURY CHIROPRACTIC CLINIC

Dr. Jamal A. Fakhoury B.Sc., D.C., P.A.
Dr. Riadh A. Fakhoury B.Sc., D.C., P.A.
Dr. Ross T. Dumbadse, B.Sc., D.C.
Dr. William C. Chaney, D.C.
Dr. Andrew J. Jones, B.Sc., D.C.
Dr. Adam C. Willis, D.C.

October 13, 2003

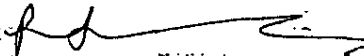
Department of State:

This is to inform you that I have not previously received UBR notices and I have enclosed the completed form, and the UBR filing fee to reinstate the corporation.

Please waive any late charges and reinstate our corporation, document # H61171.

If you have any questions, please contact the administrator, Manal Fakhoury at 352-266-1268.

Sincerely,

D.C., P.A.

Dr. Riadh Fakhoury, D.C., P.A.