

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN 15 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H74752**

**1. Corporation Name**

BRADENTON FAMILY CHIROPRACTIC CLINIC, GARY L. WOODRUFF,  
D.C. & SUSAN R. WOODRUFF, P.A.

**2. Principal Office Address**

2311 88TH ST. CT. N.W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34209

Country

USA

**3. Mailing Office Address**

2311 88TH ST. CT. N.W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34209

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/26/1985

**5. FEI Number**

59-2579354

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$6.75 Additional Fee required  
for a Certificate of Status

300037946973 01-04  
06/15/04--01004--007 \*\*1208.75

**7. Name and Address of Current Registered Agent**

Name

SUSAN R. WOODRUFF

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

2311 88TH ST. CT. N.W.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

**REINSTATEMENT**

**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

*Susan R. Woodruff*

Date 06/02/04

REGISTERED AGENT MUST SIGN

**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
PSD	SUSAN R. WOODRUFF	2311 88TH ST. CT. N.W.	BRADENTON, FL 34209

**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:**

*Susan R. Woodruff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/04

Date

941-792-9875

Daytime Phone #

CR2E081 (01/04)