

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JUL -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/08/97--01052--001
***1758.75 ***1758.75

300002232763--6
-07/08/97--01052--002
*****8.75 *****8.75

DOCUMENT # J01155

1. Corporation Name

Nubbe Charvpractic Centers, Inc.
Principal Place of Business Mailing Address

8303 Bird Road
Miami, FL 33155

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

2. New Principal Office Address, If Applicable
Same as above
Suite, Apt. #, etc.
City & State
Zip Country
33155 U.S.A.

3. New Mailing Office Address, If Applicable
6800 S.W. 40th ST
Suite, Apt. #, etc.
City & State
Zip Country
189
Miami, FL
33155 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
2-24-86

5. FEI Number
59-2482143

6. CERTIFICATE OF STATUS DESIRED ☒ SR 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Dennis C. Nubbe	612 Tiziano Ave	Coral Gables FL 33143
S.	Christina Nubbe	612 Tiziano Ave.	Coral Gables FL 33143

REINSTATEMENT

89-97
Xb 1-7-97

8. Name and Address of Current Registered Agent

Richard P. Glemann
19345 S.W. 148th Ct.
Miami, FL 33193

9. Name and Address of New Registered Agent

Name
Dennis C. Nubbe
Street Address (P.O. Box Number is Not Acceptable)
612 Tiziano Ave
Suite, Apt. #, Etc.
City
Coral Gables
State
FL
Zip Code
33143

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]
REGISTERED AGENT MUST SIGN

Date
7-1-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis C. Nubbe

7-1-97 305-227-1221
Date Daytime Phone #