

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 AUG -7 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J68859

1. Corporation Name

NATIONAL CHIROPRACTIC GROUP, INC.

2. Principal Office Address

1100 Pinellas Bayway

3. Mailing Office Address

1100 Pinellas Bayway

Suite, Apt. #, etc.

Unit H-4

Suite, Apt. #, etc.

Unit H-4

City & State

Tierra Verde, FL

City & State

Tierra Verde, FL

Zip

33715

Country

US

Zip

33715

Country

US

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/1987

5. FEI Number

650188179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald Fisher

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

1100 Pinellas Bayway

Suite, Apt. #, Etc.

Unit H-4

City

Tierra Verde

State

FL

Zip Code

33715

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

8/4/06

Date

Ronald Fisher

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
PST	Ronald Fisher	1100 Pinellas Bayway, H-4	Tierra Verde, FL 33715

200078620532
08/11/06--01011--017 **1200.00

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 contained in Chapter 119, 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:

Ronald Fisher

Date

Daytime Phone #

Ronald Fisher 8/4/06

8/18/06