1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JAN 28 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J85707

1. Corporation Name

FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.

REINSTATEMENT 01-02

2. Principal Office Address		3. Mailing Address	
3938 Pinehurst Drive		3939 Pinehurst Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lake Worth, FL		Lake Worth, FL	
Zip	Country	Zip	Country
33467	USA	33467	USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/87

5. FEI Number: 65-0012002 ☐ 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: LaRusso, Salvatore D.

Street Address (P.O. Box Number is Not Acceptable): 3938 Pinehurst Drive

Suite, Apt. #, Etc.:

City: Lake Worth | State: FL | Zip Code: 33467

8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Section 608, F.S.

Signature of Registered Agent: _____ Date: January 28, 2002

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
PSTD	LaRusso, Salvatore D.	12261 Quercus Lane	Wellington, FL 33414

10. I certify that I am an officer 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., and 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: _____ January 28, 2002 561-793-1927

SIGNATURE & TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

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TOTAL P.02

2852

1715-3676

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
Fax Number : (561)686-5442

CORPORATION REINSTATEMENT

FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00