

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 14 PM 12:01

**DOCUMENT # J88141**

1. Corporation Name

**BROWARD CHIROPRACTIC ASSOCIATES, INC.**

2. Principal Office Address

3520 W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE 105

City & State

FORT LAUDERDALE FL

Zip

Country

33312

USA

3. Mailing Office Address

3520 W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE 105

City & State

FORT LAUDERDALE FL

Zip

Country

33312

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/18/87

5. FEI Number

59-2602164

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

DAVID L. HIRSCHENSON

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

3520 W. BROWARD BLVD.

Suite, Apt. #, Etc.

SUITE 105

City

FORT LAUDERDALE

State

FL

Zip Code

33312

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 X

Date X 12/12/01

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
D	DAVID L. HIRSCHENSON	3520 W. BROWARD BLVD., #105	FORT LAUDERDALE, FL 33312

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: X

DAVID L. HIRSCHENSON

X

12/12/01 (954) 791-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #