PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 AM 10: 46

SECREMSY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K50404**

1. Corporation Name

ROBERT D. DENSMORE, D.C., P.A.

REINSTATEMENT 03 Principal Place of Business Mailing Address 1155 S DALE MABRY #19 1155 S DALE MABRY #19 **TAMPA FL 33629 TAMPA FL 33629** 500024198155 10/28/03--01035--001 **150.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/09/1988 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For **NOT APPLICABLE** City & State City & State Not Applicable ñ \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director DP DENSMORE, ROBERT D. 1155 S DALE MABRY #19 TAMPA FL 33629 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name DENSMORE, ROBERT D D.C. Street Address (P.O. Box Number is Not Acceptable) 1155 SOUTH DALE MABRY HWY SUITE 19 Suite, Apt. #, Etc. **TAMPA FL 33629** City State Zip Code 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. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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

1. 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

10/22/03 8/3/2889033 Date Daytime Phone #

CR2E040 (7/0)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2003 UNIFORM BUSINESS REPORT

FILE NOW!
Due by September 10, 2003



FILE ONLINE

√It's Easier and Faster!!!

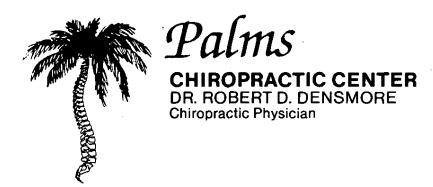
visit www.sunbiz.org

IMPORTANT NOTICE:

This will serve as your 60 day notice that your corporation will be administratively dissolved/revoked and an additional \$600 reinstatement fee will be due if this uniform business report is not properly filed and the appropriate fee paid by September 10, 2003.

This notice is being given to all corporations whose 2003 uniform business reports were not on file with the Division of Corporations as of June 6, 2003. If you feel your report and this notice have crossed in the mail, you may call (850) 488-9000 or visit our web site at www.sunbiz.org to verify the filing. You may disregard this notice if the 2003 uniform business report has been filed.

CR2E034



Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314 October 22, 2003

Re:

Administrative Reinstatement of Corporation

Palms Chiropractic Center, Dr. Robert D. Densmore, D.C.

This is to inform your office that attached paperwork indicates that the 2003 for Profite Corporation Uniform Business Report (UBR) was filed on July 3, 2003, signed by me with check number 1608 dated 7/03/03 for \$550.00 forwarded to your office. I have researched bank statements on contacted the bank for their research and no check has been located as of this writing. Also no UBR is shown as being filed in Tallahassee from this office. Attached are copies of these documents and check stubs.

I am requesting that do to the situation and my efforts to forward all the necessary requirements that my corporation be reinstated without penalties. Enclosed is a check for \$150.00 which I was advised by the person I spoke to in Tallahassee to forward to your office with the appropriate paperwork.

Thankyou and have a Happy Healthy Day:

Dr. Robert D. Densmore, D.C.

Enclosures

Check for \$150.00