

DEC-13-04 03:36PM FROM-MR TAX

8508347781

T-227 P.02/03 F-275

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 DEC 21 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55923

1. Corporation Name

DR. BRIAN BRENNAN, D.C., P.A.

REINSTATEMENT 02-04

2. Principal Office Address

4801 EAST OLIVE RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip

32514

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1988

5. FEI Number

59-2935864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRENNAN, BRIAN

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

4081 EAST OLIVE ROAD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32514

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of

Registered Agent

Date

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
DP	BRENNAN, BRIAN	4801 EAST OLIVE RD	PENSACOLA, FL 32514

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-474-9092

CR2001 (04/04)