

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT

LO1000011573

FL

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000011573

Name and Mailing Address

02 OCT 30 AM 10:00

10/31

0002502 01 FP 0.352 **PRSR T8 0 0615 33157-614484



MOBILE CHIROPRACTIC FRANCHISE DEVELOPMENT, LLC
8284 SW 176 TERRACE
MIAMI FL 33157-6144



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address 13865 South Dixie Hwy Ste 307 City, State, Zip Miami, FL 33176		4. State/Country of Formation FL	
Principal Place of Business 8284 SW 176 TERRACE MIAMI FL 33157		5. Date Organized or Qualified To Do Business in Florida 07/16/2001	
3. New Principal Place of Business Address 13865 South Dixie Hwy #307 City, State, Zip Miami, FL 33176		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SOLOMON, JEFF 8284 SW 176 TERRACE MIAMI FL 33157	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date 10-28-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SOLOMON, JEFF	8284 SW 176 TERRACE	MIAMI FL 33157
REINSTATEMENT 2002			
8000008697868 10/30/02--01051--002 **150.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10-28-02 Daytime Phone # 786-412-8555

Typed or printed name of signing Managing Member/Manager