

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 11 AM 10:53

DOCUMENT # L01000011573

1. Limited Liability Company's Name

MOBILE CHIROPRACTIC FRANCHISE DEVELOPMENT, LLC.

REINSTATEMENT 03-05

2. Principal Office Address

13865 South Dixie Highway

Suite, Apt. #, etc.

#307

City & State

Miami, FL

Zip

33176

Country

3. Mailing Office Address

13865 South Dixie Highway

Suite, Apt. #, etc.

307

City & State

Miami, FL

Zip

33176

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

07/16/2001

6. FEI Number

65-0170689

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeff Solomon

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

8284 SW 176 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

9. 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 1-5-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	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

200044506962
01/11/05--01024--005 **250.00

11. 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 1-5-05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Salomon, Jeff

CR2E041 (10/02)