

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 NOV 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000042889

1. Corporation Name

Chiro Management LLC.

2. Principal Office Address - No P.O. Box #

242 Monterey Dr.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34119

Country

USA

3. Mailing Office Address

5274 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite 2

City & State

Naples, Florida

Zip

34116

Country

U.S.A.

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2006

5. FEI Number
None

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

Wilhem Vilbon

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

242 Monterey Dr.

Suite, Apt. #, Etc.

City

Naples, Florida

State

FL

Zip Code

34119

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Wilhem Vilbon

REGISTERED AGENT MUST SIGN

Date 10/06/2008

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
mgr	Wilhem Vilbon	2201 Kings Lake Blvd. Naples, FL 34112	11/18/08-01027-009 **277.50

REINSTATEMENT 10/08

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 contained in Chapter 119, 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:

Wilhem Vilbon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2008

Date

239-777-6655

Daytime Phone #