

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -9 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400168115294  
02/05/10--01042--007 \*\*416.25

CR2E041 (11/09)

DOCUMENT # LO7000007171

1. Limited Liability Company's Name

Owens Chiropractic Services, P.L.

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

232 S.W. 102 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

232 S.W. 102 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

U.S.A.

Zip

33174

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

1-17-07

6. FEI Number

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

Ashley Owens

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

232 S.W. 102 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

☒ A \$100 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 \$100  
reinstatement be waived.

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

Ashley Owens

REGISTERED AGENT MUST SIGN

Date 01/14/10

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	Ashley Owens	232 S.W. 102 ave.	Miami, FL 33174

REINSTATEMENT 08-10  
PB

11. E-mail Address: NONE

(To be used for future annual report notifications)

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

Ashley Owens

Date 01/14/10

Daytime Phone #

305-485-3070

786-1

Typed or printed name of signing Managing Member/Manager

Ashley Owens