

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L40230

1. Corporation Name

Atlantic Boulevard Chiropractic
Clinic, Inc.

Principal Place of Business

Mailing Address

10909 Atlantic Boulevard
Suite 9
Jacksonville, FL 32225

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2990771

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	Clint Miller	10909 Atlantic Boulevard Suite 9	Jacksonville, FL 32225

REINSTATEMENT

98-12/30/98

600002730026--2

01/05/99 01029 003

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Clint Miller
10909 Atlantic Boulevard, Suite 9
Jacksonville, FL 32225

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Clint Miller

REGISTERED AGENT MUST SIGN

Date

12.21.98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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

Clint Miller

Clint Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.21.98 (904)642.3304

Daytime Phone #

CR2040 (1/88)