

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40863

1. Corporation Name

DR. CLIFFORD J. SHAPIRO, D.C., P.A.

2. Principal Office Address

1919 E. Atlantic Blvd.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33060-6551

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

CR2E081 (12/05)

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/8/90

5. EFL Number

650159553

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
Clifford J. Shapiro

Street Address (P.O. Box Number is Not Acceptable)
1919 E. Atlantic Blvd

Suite, Apt. #, Etc.
N/A

City
Pompano Beach

State
FL

Zip Code
33060-6551

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**

REGISTERED AGENT MUST SIGN

Date **10/10/06**

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
P/S/D	CLIFFORD SHAPIRO	1919 E. Atlantic Blvd.	Pompano Beach, Fl. 33060

800080774168
10/12/06--01020--020 **808.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Shapiro

Date

10/10/06

Daytime Phone #

954-658-0151