PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1997 DEC -5 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56696

1. Corporation Name

ALTERS CHIROPRACTIC & NATURAL HEALTH CENTERS, I NC.

Principal Place of Business	Mailing Address
1615 COLONIAL BLVD FT MYERS FL 33907	~~1615 COLONIAL BLVD~~ FT MYERS FL 33907

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
33 BARKLEY CIR.	33 BARKLEY CIR.
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: FT. MYERS FL	City & State: FT. MYERS FL.
Zip: 33907 Country: LEE	Zip: 33907 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/1990

5. FEI Number: 65-0177010 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	ALTERS, BERNARD	1398 LANDMARK CT.	FT MYERS FL 33919
D	ALTERS, KIMBERLY S.	1398 LANDMARK CT.	FT MYERS FL 33919

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****750.00 ****750.00

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALTERS, BERNARD ~~1615 COLONIAL BLVD~~ 33 BARKLEY CIR. STE A FT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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: _____ 10/27/97 9419347645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #