11/02/2004 12:57 LINDELL KELLISON PA → 2729090 NO. 344

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -9 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79751

1. Corporation Name
Buchanan Chiropractic Center, Inc.

REINSTATEMENT 0304

2. Principal Office Address	3. Mailing Office Address
1050 S. McDuff Avenue	1050 S. McDuff Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL 32205	City & State: Jacksonville, FL 32205
Zip: 32205 Country: USA	Zip: 32205 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-8-1990

5. FEI Number: 59-3016480 — 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: Michael R. Buchanan

Street Address (P.O. Box Number is Not Acceptable): 1050 S. McDuff Avenue

Suite, Apt. #, Etc.

City: Jacksonville — State: FL — Zip Code: 32205

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: _____ Date: 11-2-04
REGISTERED AGENT MUST SIGN

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
DPTS	Michael R. Buchanan	1050 S. McDuff Avenue	Jacksonville, FL 32205

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10. I certify that I am an officer or director of 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: Michael R. Buchanan — 11-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E051 (01/04)