

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 23645

1. Corporation Name

The Upledger Institute Inc

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

11211 Prosperity Farms Rd

Suite, Apt. #, etc

D-325

City & State

Palm Beach Gardens

Zip

33410

County

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

700178912617
04/29/10--01011--022 **750.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1985

5. FEI Number

59-2609606

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

Toni Lee

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

11211 Prosperity Farms Road # D-325

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 reinstatement fee be waived.

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

Toni Lee

REGISTERED AGENT MUST SIGN

Date 4/28/10

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
DP	John E Upledger	8850 150th Ct N	Palm Beach Gardens FL
			33418

REINSTATEMENT RH

10. E-mail Address: alex@upledger.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

John E Upledger

John E Upledger

4/28/10

561-622-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #