

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR
REINSTATEMENT

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

FILED

97 OCT 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M26714

1. Corporation Name

NORTH BROWARD CHIROPRACTIC ASSOCIATES, INC.

Principal Place of Business

C/O LEONARD COHN
3766 N.E. 3 AVE.
POMPANO BEACH FL 33064

Mailing Address

C/O LEONARD COHN
3766 N.E. 3 AVE.
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1986

5. FEI Number

59-2630503

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	COHN, LEONARD	3766 N.E. 3 AVE.	POMPANO BEACH FL
VD	BILELLO, VINCENT	3766 N.E. 3 AVE.	POMPANO BEACH FL

200002339652--4
-11/06/97--01003--012
****165.00 ****165.00

10-27-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHN, LEONARD
3766 N.E. 3 AVE.
POMPANO BEACH FL 33064

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (8/97)

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**NORTH BROWARD
CHIROPRACTIC ASSOCIATES**

October 27, 1997

Dear Leslie,

As per our conversation today, this is to reiterate that we did not receive our corporate renewal neither time that it was sent to us. I appreciate you waivng the fees that you did and I shall monitor the renewals myself from here forward.

Also please note our new mailing address which is in box #3 on the enclosed form.

If you have any further questions please feel free to contact me.

Sincerely,



Vincent A. Bilello, D.C., P.A.