

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 21 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M97430

**1. Corporation Name**

Wakeman Chiropractic Health Care Center, Inc.

**2. Principal Office Address**

26 N. BEACH STREET, #B

**3. Mailing Office Address**

26 N. Beach Street

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

Suite B

City & State

ORMOND BEACH

City & State

Ormond Beach, FL

Zip

FL

Country

USA

Zip

32174

Country

USA

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

08/26/88

**5. FEI Number**

59-2908788

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-00**

**7. Name and Address of Current Registered Agent**

Name

Peter J. Wakeman, D.C.

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

26 N BEACH STREET

Suite, Apt. #, Etc.

SUITE B

City

ORMOND BEACH

State

FL

Zip Code

32174

**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

*P. Wakeman*

REGISTERED AGENT MUST SIGN

Date

6/22/00

**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/T/S/	Peter J. Wakeman, D.C.	136 ORWOOD DRIVE	Ormond Beach, FL 32174

**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 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:**

*P. Wakeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/00

904-673-0201

Daytime Phone #

CR2E081 (9/99)