

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34285

1. Corporation Name

FLORIDA ACADEMY OF CHIROPRACTIC, INC.

2. Principal Office Address

1148 E. John Sims Parkway

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip

32578

Country

U.S.A.

3. Mailing Office Address

1148 E. John Sims Parkway

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip

32578

Country

U.S.A.

900028057209
02/02/04--01092--007 **490.00

DECLARATION

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2997902

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

Timothy Zook

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

1148 E. John Sims Parkway

Suite, Apt. #, Etc.

City

Niceville

State
FL

Zip Code
32578

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

REGISTERED AGENT MUST SIGN

Date 1-22-04

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
Pres	Paul Malevenda	1148 E. John Sims Parkway	Niceville, FL 32578
VP	Timothy Zook	1148 E. John Sims Parkway	Niceville, FL 32578
Sec	Alan Payne	1148 E. John Sims Parkway	Niceville, FL 32578
Tres	Timothy Zook	1148 E. John Sims Parkway	Niceville, FL 32578

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Zook

1-22-04

Date

850-678-4155

Daytime Phone #

CR2081 (10/02)

TR