

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 19 AM 10:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002156**

1. Corporation Name

Pinellas County Chiropractic Society, Inc.

REINSTATEMENT

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

10225 Ulmerton Rd

Suite, Apt. #, etc.

Suite 3A

City & State

Largo, FL

Zip

33771

Country

USA

3. Mailing Office Address

P.O. Box 7515

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33775-7515

Country

USA

00-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/7/1993

5. FEI Number

59-3188152

☐ 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

Jennifer Comey

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

10225 Ulmerton Rd

Suite, Apt. #, Etc.

Suite 3A

City

Largo

State

FL

Zip Code

33771

400186860774

10/19/10--01006--010 **245.00

10/20

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

Jennifer Comey
REGISTERED AGENT MUST SIGN

Date **10.15.2010**

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	Regina Bennett	1893 Drew ST Clearwater, FL 33765	Clearwater, FL 33765
S	Marcy Smurthwaite	12855 S. Belcher Rd, #2	Largo, FL 33773
D	Mark Lipkin	3211 Tampa Rd	Palm Harbor, FL 34684
T	Tom Hughes	510 Pasadena Ave S.	St. Petersburg, FL 33707
D	Al Comey	10225 Ulmerton Rd, Suite 3A	Largo, FL 33771
D	Michael Roberts	2001 West Bay Dr.	Largo, FL 33770

10. E-mail Address: **ed@pccschico.org**

(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:

Thomas E. Hughes

Thomas E. Hughes

10.15.2010 727-343-3959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #