

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 10:54

DOCUMENT # N 96000001358

1. Corporation Name

CHIROPRACTIC CARE INDEPENDENT PRACTICE
ASSOCIATION, INC.

2. Principal Office Address

9770 OLD BAYMEADOWS RD

Suite, Apt. #, etc.

139

City & State

JACKSONVILLE FL

Zip

32256

Country

U.S.A.

3. Mailing Office Address

9770 OLD BAYMEADOWS RD

Suite, Apt. #, etc.

139

City & State

JACKSONVILLE FL

Zip

32256

Country

U.S.A.

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4. Date Incorporated or Qualified

To Do Business in Florida

3/12/96

5. FEI Number

59-3518612

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

JOSEPH J. ALTOMARE

800003440998-9

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

9770 OLD BAYMEADOWS ROAD #139

-10/26/00-01088-031

****297.50 ****297.50

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

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

10/11/00

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
D	ALTOMARE, JOSEPH J. DC	9770 OLD BAYMEADOWS RD #139	JACKSONVILLE FL 32256
D	FIORE, MICHAEL DC	8101-5 SOUTHSIDE BLVD	JACKSONVILLE FL 32256
D	JOHNSON, ALAN DC	703 SOUTH MYRTLE AVE	CLEAR WATER FL 33516

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

10/11/00

Date

904 641-1134

Daytime Phone #