

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043437

1. Corporation Name

LD Chiropractic, P.A.

600030122876
03/09/04--01061--020 **300.00 03-04

2. Principal Office Address

2646 SW Mapp Road

Suite, Apt. #, etc.

Suite #201

City & State

Palm City, FL

Zip

Country

34990

USA

3. Mailing Office Address

2646 SW Mapp Road

Suite, Apt. #, etc.

Suite #201

City & State

Palm City, FL

Zip

Country

34990

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

5. FEI Number

65-1003052

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

Loren DeWitt

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

2646 SW Mapp Road

Suite, Apt. #, Etc.

Suite #201

City

Palm City

State

FL

Zip Code

34990

REINSTATEMENT

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

[Signature]

Date

3-5-04

REGISTERED AGENT MUST SIGN

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 Officers and/or Director	City/State/Zip
P	Tricia R DeWitt	2791 NW Windemere Drive	Jensen Beach, FL 34957
VST	Loren DeWitt	2791 NW Windemere Drive	Jensen Beach, FL 34957

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/04 772-223-9525

Daytime Phone #

2 of 2

LD Chiropractic, P.A.
2646 SW Mapp Road, #201
Palm City, FL 34990

February 24, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LD Chiropractic, P.A.
Document # P00000043437

To whom it may concern,

It has come to my attention that the above referenced company has been administratively dissolved.

In January 2002 the Company filed its 2002 Uniform Business Report which showed address changes for the company (copy attached). The state never adjusted its records for the address change and the company never received the 2003 Uniform Business Report, nor did they receive any notice of dissolution.

Attached is a Corporation Reinstatement form along with a check for \$300.00 (\$150.00 filing fee for 2003 and \$150.00 filing fee for 2004). We respectfully request that the \$600.00 reinstatement fee be waived since the company never received the Uniform Business Report in 2003.

We also request that the address is updated correctly.

Thank you for your attention to this issue.

Sincerely,



Loren DeWitt
VP