

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 5:30

DOCUMENT # P00000048610

1. Corporation Name

KUCHARIK & LATORRE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2117 49TH STREET N.
ST. PETERSBURG FL 33710-5233

2117 49TH STREET N.
ST. PETERSBURG FL 33710-5233



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KUCHARIK, EDWARD J	2117 49TH STREET N.	ST. PETERSBURG FL 33710
VD	LATORRE, BILL	2117 49TH STREET N.	ST. PETERSBURG FL 33710

700004670507--8
-11/07/01--01033--005
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUCHARIK, EDWARD J
2117 49TH STREET N.
ST. PETERSBURG FL 33710-5233

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edward J. Kucharik
REGISTERED AGENT MUST SIGN

Date

10.17.01

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 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:

Edward J. Kucharik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.17.01

October 16, 2001

202

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

**Reinstatement for: Kucharik Chiropractic Clinic, LaTore Chiropractic Inc. and
Kucharik & LaTorre Enterprises Inc.**

Your notices of administrative dissolution of the three corporations caught us by surprise.

We know that the recent remodeling of our offices where all three corporations are located created some administrative problems, but until your notices arrived we had no idea the deadline was missed.

Enclosed are checks for \$150 for each corporation. We ask that you consider waiving the additional fees. We have never been late in the past and we are late this time only because of the confusion due to the remodeling.

We certainly would appreciate your consideration to our request.

Yours truly,


Dr. Kucharik


Dr. LaTorre