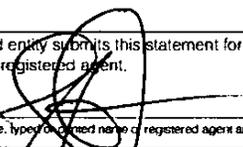
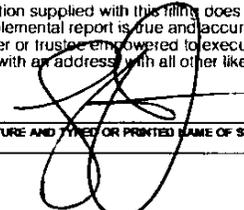


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000055889- 1. Entity Name LONNIE L. HERMAN, D.C., P.A.						FILED 07 OCT -5 PM 4:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 2007 10022007 REIN-R CR2E098 (07)	
Principal Place of Business 8148 WEST BROWARD BLVD PLANTATION, FL 33322		Mailing Address 8148 WEST BROWARD BLVD PLANTATION, FL 33322					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1022511		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HERMAN, LONNIE L 8148 WEST BROWARD BLVD PLANTATION, FL 33322				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 						DATE 10-3-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						DATE	
FILE NOW!!! FEE IS \$150.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
After January 1, 2008, Fee will be \$300.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, LONNIE L 8148 WEST BROWARD BLVD PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					700110321857 10/05/07--01014--006 **150.00		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: 						Date 10-3-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone # 954-370-3100	