

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000079724*

1. Corporation Name

Ideal Chiropractic, Inc.

2. Principal Office Address

2828 E. Commercial Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1511 E Commercial Blvd.

Suite, Apt. #, etc.

PMB 140

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33308

Country

Broward

Zip

33334

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

Aug. 23, 2000

5. FEI Number

65-1034239

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

Charles L. Entel, D.C.

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

2060 NE 55th St.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

700013145857

02/26/03--01069--006 **490.00

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

Charles L. Entel

REGISTERED AGENT MUST SIGN

Date *2/19/03*

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
<i>P.</i>	<i>Charles L. Entel</i>	<i>2060 NE 55th St.</i>	<i>Ft. Lauderdale FL 33308</i>
<i>V.P.</i>	<i>Charles L. Entel</i>	<i>2060 NE 55th St.</i>	<i>Ft. Lauderdale FL 33308</i>
<i>S.</i>	<i>Charles L. Entel</i>	<i>2060 NE 55th St.</i>	<i>Ft. Lauderdale FL 33308</i>
<i>T.</i>	<i>Charles L. Entel</i>	<i>2060 NE 55th St.</i>	<i>Ft. Lauderdale FL 33308</i>

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:

Charles L. Entel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 *954 802-8866*

Date

Daytime Phone #

CR2E081 (10/02)

js 2/27

CHARLES L. ERTEL D.C.
1511 E. COMMERCIAL BLVD. PMB 140
FT. LAUDERDALE, FL. 33334

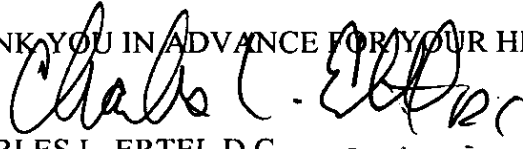
RE: CORPORATION REINSTATEMENT

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORM YOU THAT I DID NOT RECEIVE A 2001
REINSTATEMENT REPORT FOR 2001.
I AM REQUESTING THAT YOU WAIVE THE PENALTY FEE FOR 2001.

PLEASE FIND ENCLOSED THE NEW REINSTATEMENT APPLICATION WITH
THE NEW CHANGES AND THE CHECK FOR THE AMOUNT OF \$450.00

THANK YOU IN ADVANCE FOR YOUR HELP.


CHARLES L. ERTEL D.C.