

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/15/02--01094--004  
\*\*\*\*300.00 \*\*\*\*300.00

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P000000 80023

**1. Corporation Name**  
PINES CHIROPRACTIC ASSOCIATES, PA

**2. Principal Office Address**  
11270 Pines Blvd.  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
11270 Pines Blvd.  
Suite, Apt. #, etc.

**City & State**  
Pembroke Pines, FL

**City & State**  
Pembroke Pines FL

**Zip** 33026 **Country** USA

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**4. Date Incorporated or Qualified To Do Business in Florida** 08/23/00

**5. FEI Number** 65-1051391

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name** Theresa Carissini

**Street Address (P.O. Box Number is Not Acceptable)** 11270 Pines Blvd.

**Suite, Apt. #, Etc.** Pembroke Pines

**City** Pembroke Pines

**State** FL **Zip Code** 33026

**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** *Theresa Carissini* **REGISTERED AGENT MUST SIGN** **Date** 10/9/02

**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
President	Theresa Carissini	18690 SW 7th St.	Pembroke Pines FL 33029
Vice President	Alexis Rudolph	620 Tennis Club Dr. #312	Ft. Lauderdale FL 33311

**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:** *Theresa Carissini* **President** **Theresa Carissini** **Date** 10/9/02 **Daytime Phone #** (954) 257-7916

CR2E081 (8/01)

10/16/02



# **PINES CHIROPRACTIC ASSOCIATES**

**Dr. Theresa A. Carissimi**

**11270 Pines Boulevard  
Pembroke Pines, FL 33026  
Phone: 954-392-7700  
Fax: 954-392-7711**

October 9, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Document # H00000044521

To Whom It May Concern:

Enclosed please find attached our Corporation Reinstatement form and a check payable to the Secretary of State for \$300.00. This check represents our annual filing fees for 2001 and 2002.

We respectfully request that you abate the reinstatement penalties because we did not receive the annual report forms. The reason for this is when we filed the articles of incorporation we used a residential address that became obsolete a few months after being incorporated. Your forms were not forwarded to us. If they had been, we would have paid on a timely basis. (Also note a copy of a letter you sent us on January 16, 2001 with the correct address. The confusion is apparent.) We have enclosed a copy of our company profile downloaded from the sunbiz website. The Sunrise Florida address is the obsolete one.

We apologize for this situation. It was never our intention to avoid paying any legitimate fees levied by the State of Florida. A very valuable lesson has been learned and being a new business we assure that we will be more diligent in the future.

Thank you for your time and consideration regarding this matter.

Very Truly Yours,

Dr. Theresa Carissimi  
President