PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 JUN 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

000005910730--0
-06/21/02--01074--010
****300.00 ****300.00

DOCUMENT # P00000080486

1. Corporation Name
Demetree Chiropractic Group, Inc

2. Principal Office Address	**3.** Mailing Office Address
1750 W. Broadway St	1750 W. Broadway St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 108	Suite 108
City & State	City & State
Oviedo, FL	Oviedo, FL
Zip / Country	Zip / Country
32765 / Seminole	32765 / Seminole

4. Date Incorporated or Qualified To Do Business in Florida 8/21/2000

5. FEI Number 59-3662722 — 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: Robert A. Demetree — 201.25-AR
Street Address (P.O. Box Number is Not Acceptable): 1750 W. Broadway St. — 10.00-AR ARTS
Suite, Apt. #, Etc.: Suite 108 — 88.75-AR&APP
City: Oviedo — State: FL — Zip Code: 32765

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 _____ Date 5.7.02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Dr.	Robert A. Demetree	1750 W. Broadway St Suite 108	Oviedo, FL 32765

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: _____ 5.7.02 407-977-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Demetree Chiropractic Group
1750 W. Broadway Street, Suite 108
Oviedo, FL 32765
407-977-7233

April 29, 2002

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

To Whom It May Concern:

Please find enclosed a corporation reinstatement application for the Florida Department of State. This corporation was dissolved due to non-receipt of the Annual Report.

We are asking you to waive the penalty fees associated with this reinstatement as we never received the original report needed for filing to the state through the mail.

Any questions, please don't hesitate to call us at 407-977-7233.

Sincerely,

Robert Demetree, D.C.