

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 27 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000081186

1. Corporation Name

YUNUS CHIROPRACTIC CENTER, INC.

2. Principal Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

APT. A-3345

City & State

MIAMI, FL

Zip

33132

Country

U.S.A.

3. Mailing Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

APT. A-3345

City & State

MIAMI, FL

Zip

33132

Country

U.S.A.

REINSTATEMENT 01-03

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

8/23/2000

5. FEI Number

65-1058121

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

MUSTAFA AGAOGLU

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

1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.

APT. A-3345

City

MIAMI

State

FL

Zip Code

33132

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

MUSTAFA AGAOGLU
REGISTERED AGENT MUST SIGN

Date

6/25/03

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
P.	MUSTAFA AGAOGLU	1717 N. BAYSHORE DR. APT. A-3345	MIAMI, FL 33132

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:

MUSTAFA AGAOGLU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/03

Daytime Phone #

786-282-0915

CR2E081 (10/02)