
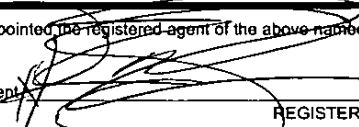
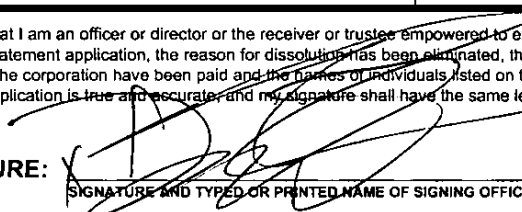


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 JUN 20 PM 4:31 STATE FLORIDA	
DOCUMENT # P-00000045371					
1. Corporation Name MEDICAL & CHIRO OF RIVIERA BEACH, INC. P00000085371					
2. Principal Office Address 4021 N. ANDREWS AVENUE Suite, Apt. #, etc. 6 City & State FT. LAUDERDALE, FL Zip 33309 Country USA		3. Mailing Office Address 4021 N. ANDREWS AVENUE Suite, Apt. #, etc. 6 City & State FT. LAUDERDALE, FL Zip 33309 Country USA		REINSTATEMENT 03-05	
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 651038365 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PELLEGRINO, SAL					
Street Address (P.O. Box Number is Not Acceptable) 4021 N. ANDREWS AVENUE 300056349903 06/20/05--01060--009 **1050.00					
Suite, Apt. #, Etc. 6					
City FT. LAUDERDALE,				State FL	Zip Code 33309
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 06/17/05 REGISTERED AGENT MUST SIGN	
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		
D	PELLEGRINO, SAL	4021 N. ANDREWS AVENUE	FT. LAUDERDALE, FL 33309		
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: 				Date 06/17/05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/05)