PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 PM 1:47

DOCUMENT # P00000099566

1. Corporation Name

PINES CHIROPRACTIC HEALTH CENTER, INC.

REINSTATEMENT 01

2. Principal Office Address		3. Mailing Office Address	
233 N. UNIVERSITY DRIVE		233 N. UNIVERSITY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PEMBROKE PINES, FL		PEMBROKE PINES, FL	
Zip	Country	Zip	Country
33024	USA	33024	USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/00

5. FEI Number: 65-1075085 ☐ 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: JOHN J. MADDUX

700004735597--2
-12/21/01--01027--003
****750.00 ****50.00

Street Address (P.O. Box Number is Not Acceptable): 342 HARRISON STREET

Suite, Apt. #, Etc.:

City: HOLLYWOOD | State: FL | Zip Code: 33019

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 X Dr. John Jeffery Maddux Date X 12-10-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	JOHN J. MADDUX	342 HARRISON STREET	HOLLYWOOD, FL 33019

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: X Dr. John Jeffery Maddux Dr. John Jeffery Maddux 12-10-01 (954) 983-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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