PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

02 MAY 28 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000005754670---7
-06/11/02--01115--012
****150.00 ****150.00

DOCUMENT # P00000107506

1. Corporation Name
WILLIAM VANDERBROOK, D.C., P.A.
660 LINTON BLVD, #104
DELRAY Beach, FL 33444

2. Principal Office Address	**3. Mailing Office Address**
660 LINTON BLVD	660 LINTON BLVD
Suite, Apt. #, etc. #104	Suite, Apt. #, etc. #104
City & State DELRAY Beach, FL	City & State DELRAY Beach, FL
Zip 33444 Country USA	Zip 33444 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-17-00

5. FEI Number 65-1031752   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 William Vanderbrook

Street Address (P.O. Box Number is Not Acceptable) 262 EAST CORAL CHASE CR.

Suite, Apt. #, Etc.

150.00 - A R only
150. Temp ID

City DELRAY BEACH   State FL   Zip Code 33444

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 _Wells Vanderbr_   Date X 4/30/02
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
P	William Vanderbrook	262 East Coral Chase Cr.	DELRAY Beach, FL 33444
			0000005754670---7 -06/11/02--01115--013 ****150.00 ****150.00

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 _Wells Vanderbr_   X 4/30/02   X (561) 859-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #