

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000115905

1. Corporation Name

MCGRATH COMMUNITY CHIROPRACTIC, INC.

Principal Place of Business

9970 SAILVIEW CT., UNIT 15  
FT. MYERS FL 33905

Mailing Address

9970 SAILVIEW CT., UNIT 15  
FT. MYERS FL 33905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/2000

5. FEI Number

65-106 4072

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCGRATH, JOHN	9970 SAILVIEW CT., UNIT 15	FT. MYERS FL 33905

200004749212 7  
-01/03/02--01049--028  
\*\*\*\*150.00 \*\*\*\*150.00

01 432 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGRATH, JOHN  
9970 SAILVIEW CT., UNIT 15  
FT. MYERS FL 33905

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01

*ASG 201*

December 7, 2001

McGrath Community Chiropractic Inc.  
9970 Sailview Court Unit 15  
Fort Myers, Florida 33905

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Subject: Reinstatement of McGrath Community Chiropractic, Inc.

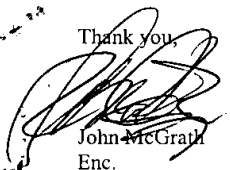
To Whom It May Concern:

Attach is McGrath's Community Chiropractic, Inc. 2001 UBR with an enclosed check for its 2000 filing fee. The 2000 filing was not paid earlier due to **non-receipt** of the initial UBR form and notices.

Unfortunately, we have just received the administrative dissolution letter stating that McGrath Community Chiropractic, Inc. had been dissolved due to not filing the UBR. Please accept this letter as written request to waive this reinstatement fee due to non-receipt of the UBR notice and reinstate McGrath Community Chiropractic, Inc.

Your attention to this matter is greatly appreciated.

Thank you,

  
John McGrath  
Enc.