

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03-NOV -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012426

1. Corporation Name

COASTAL CHIROPRACTIC, P.A.

Principal Place of Business

1800 N FEDERAL HIGHWAY
SUITE 105
POMPANO BEACH FL 33062-1011

Mailing Address

1800 N FEDERAL HIGHWAY
SUITE 105
POMPANO BEACH FL 33062-1011

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2001

5. FEI Number

65-1082543

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	PERKINS, GENE A JR.	100 SOUTH MILITARY TRAIL #18	DEERFIELD BEACH FL 33442
		1800 N FEDERAL HWY #105	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

REITANO, ANTHONY J
400 S DIXIE HIGHWAY
SUITE 128
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Gene A. Perkins, Jr.
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

Gene A. Perkins, Jr., D.C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

954-946-3703

CR2E040 (7/03)



Coastal
Chiropractic

Gene Perkins, D.C.
1800 N. Federal Highway Suite 105
Pompano Beach, FL 33062
(954) 946-3703 fax (954) 946-3704

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

To whom it may concern:

I received a "Notice of Administrative Dissolution or Revocation" from your office. I spoke to a representative at your office, and explained to him that I had never received an application for a uniform business report this year, and requested consideration that reinstatement fees be waived. He told me to send the payment for \$150.00 along with this letter of explanation.

As you can see on the application, the "name and address of each officer and/or director" is incorrect. I tried to have this corrected last year when forms were sent, but it appears the changes had not been made. I have again made corrections, so that in the future the business report will reach me at the correct address.

Thank you for your understanding in this matter.

Gene A. Perkins, Jr. D.C.