

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 10 PM 12:01

DOCUMENT #

1. Corporation Name

901 000021636
DR. Purcell D.C. INC

2. Principal Office Address

201 8th St. S.

Suite, Apt. #, etc.

202

City & State

NAPLES FL

Zip

34102

Country

Collier

3. Mailing Office Address

201 8th St. S.

Suite, Apt. #, etc.

202

City & State

NAPLES FL

Zip

34102

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/01

5. FEI Number

59-3000006

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 Purcell D.C.

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

5643 Sandlewood Ct.

Suite, Apt. #, Etc.

#2003

City

Naples

State

FL

Zip Code

34110

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

[Signature]

Date **10-7-02**

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 Purcell	5643 Sandlewood Ct. #2003	Naples FL 34110

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

[Signature] **William Purcell**

10-7-02 2392125834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

7/10/10/02

Community Pain & Injury Clinic

Chiropractic Physiotherapy Rehabilitation Massage

Dr. William Purcell
Dr. Richard Mair

Baker Center
201 8th St. S.
Suite 202
Naples, FL. 34102

239-262-2214
239-262-5834
Fax 239-262-2247

Div. of Corporations
Tallahassee, FL

To Whom It May Concern:

- I have asked to have the fine waved for not renewing the Corporation. I never got the notice of renewal. I have had to move several times due to my wife having an allergic reaction to the new house we moved to. After a month and a half we move to another house which was infested with mold that put my wife in the hospital for about a week. She came out of the hospital and the place we moved to caused another reaction due to the "new" out gassing of chemicals. This time she was in the hospital for a week and a day. The final move was to a place that she could tolerate. Evidently the notice either never caught up with me or was returned to you. Thank you for waving the fine.

I am enclosing the \$150 fee and the \$8.75 fee for an original copy sent back to me. I have enclosed a return over night as you requested. Thank you again.


William Purcell D.C.