

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000031320**

**1. Corporation Name**

First Chiropractic Clinic of Pine Hills, Inc.

**2. Principal Office Address**

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

**3. Mailing Office Address**

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

**4. Date Incorporated or Qualified**

To Do Business in Florida March 27, 2001

**5. FEI Number**

59-3707763

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

Mirlourdes Beliard Hopkins

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

1778 Lee Janzen Drive

Suite, Apt. #, Etc.

City

Kissimmee

State  
**FL**

Zip Code  
34744

**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

4.2.04

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/D	Mirlourdes Beliard Hopkins	1778 Lee Janzen Drive	Kissimmee, Florida 34744

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application, the reason for dissolution has been eliminated, the taxes owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if I were the registered agent of the corporation.

**SIGNATURE:**

Mirlourdes Beliard Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

or 617, F.S. I further certify that when filing this application on 607.0401 or 617.0401, F.S., that all fees indicated on 119.07(3)(i), F.S. The information indicated

04 (407) 933-8700

Daytime Phone #

FILED

04 APR -6 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300032248773  
04/09/04--01003--017 \*\*4650.00

REINSTATEMENT 07-04

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CR2001 (01/04)