

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 22 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031324

1. Corporation Name

First Chiropractic Clinic of Tampa, Inc.

REINSTATEMENT 03-04
700030820167
03/22/04--01014--001 **\$900.00 *YR*

2. Principal Office Address
1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State
Kissimmee Florida

Zip Country
34744 US

3. Mailing Office Address
1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State
Kissimmee Florida

Zip Country
34744 US

**4. Date Incorporated or Qualified
To Do Business in Florida** March 27, 2001

5. FEI Number
59-3707810

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 Zip Code
FL 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

Date March 18, 2004

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/FL/34744

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mirlourdes Beliard Hopkins

Date March 18, 2004 Daytime Phone # 321-281-0913

CR2E081 (01/04)