

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -6 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047982

1. Corporation Name

HOWARD ACCIDENT & INJURY CHIROPRACTIC CLINIC, P.  
A.

Principal Place of Business

6929 BEACH BOULEVARD  
JACKSONVILLE FL 32216

Mailing Address

6929 BEACH BOULEVARD  
JACKSONVILLE FL 32216

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

2. New Principal Office Address, If Applicable

6929-2 Beach Blvd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/2001

5. FEI Number

59-3728625

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres	Jeff H. Howard	6929 Beach Blvd	Jacksonville, FL 32216

000008834700

11/06/02--01116--006 \*\*758.75

8. Name and Address of Current Registered Agent

HOWARD, JEFF H D.C.  
6929 BEACH BOULEVARD  
JACKSONVILLE FL 32216

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/4/02

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.

(904) 725-8111

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02