

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000079125

1. Entity Name
TWIN DRAGON OF N.W. FLORIDA, INC.



FILED

08 OCT 20 PM 1:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
675 W. GARDEN ST 107 Baybridge Dr. 675 W. GARDEN ST 2319 N. 15th Ave.
BLDG B Or. BLDG B Pensacola, FL 32503
PENSACOLA, FL 32503 Gulf Breeze, FL 32561 Pensacola, FL 32503

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Baybridge Chiropractic 2319 N. 15th Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
107 Baybridge Dr. Pensacola, FL.
City & State City & State
Gulf Breeze FL.

Zip Country Zip Country
32561 USA 32503 USA



REINSTATEMENT 10132008 REIN-P CR2E098 (1/07) 08

4. FEI Number 59-3685531 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, BONNIE
2319 N. 15TH AVE.
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bonnie McLean*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEAN, BONNIE	
STREET ADDRESS	2319 N. 15TH AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie McLean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/08
Date

Daytime Phone #