

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

05 OCT 25 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701000088219

1. Corporation Name

FLORIDA CHIROPRACTIC AND
REHABILITATION CENTER INC.

2. Principal Office Address

801 N. Federal Hwy

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

same

Suite, Apt. #, etc.

N/A

City & State

Hollywood, Florida

City & State

same

Zip

33020

Country

Broward

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

65-114 2746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-05 REF

7. Name and Address of Current Registered Agent

Name

PAUL A. MARTINEZ

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

5003 Sabreline Terrace

Suite, Apt. #, Etc.

City

Greenacres

State

FL

Zip Code

33463

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

REGISTERED AGENT MUST SIGN

Date

7/29/05

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	Paul A. Martinez	5003 Sabreline Terrace	Hollywood, FL. 33463

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL A. MARTINEZ

Date

7/29/05

Daytime Phone #

(954) 924-0444

CR2ED01 (01/05)

**Florida Chiropractic &
Rehabilitation Center**

801 N. FEDERAL HWY. HOLLYWOOD, FL 33020 (954) 924-0444 FAX (954) 924-0010

2/2

July 29, 2005

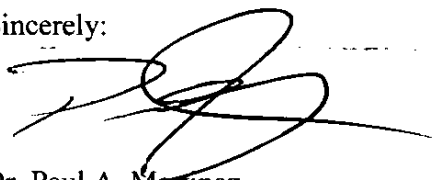
To Whom It May Concern:

It was recently brought to my attention that my s- corporation was inactive. Upon reviewing the matter I was told that my corporation had not been renewed as of 2003. I had never received this form in 2003. It is for this reason that I did not pay the renewal fee. Enclosed is a check of \$450.00 for 2003, 2004 and 2005 renewal fees. I am asking that you please waive any re-instatement penalties due to the fact that I had not received the proper paperwork. Please send any future paperwork to:

Florida Chiropractic and Rehabilitation Center
801 North Federal Hwy.
Hollywood, Florida 33020

Thank you for your time.

Sincerely:



Dr. Paul A. Martinez