PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -5 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 07

DOCUMENT # **P02000007966**

1. Corporation Name

BERGTOLD CHIROPRACTIC CLINIC, P.A.

Principal Place of Business	Mailing Address
3000 IMMOKALEE ROAD STE 2 NAPLES FL 34110	3000 IMMOKALEE ROAD STE 2 NAPLES FL 34110

600026161876
01/06/04--01057--017 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/17/2002

5. FEI Number: 03-0397688 ☐ Applied For ☐ Not Applicable

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
PVST	BERGTOLD, JAMES	3000 IMMOKALEE ROAD	NAPLES FL 34110

8. Name and Address of Current Registered Agent

BERGOLD, JAMES
3000 IMMOKALEE ROAD
STE 2
NAPLES FL 34110

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 (7/03)

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] Date: 12/31/03

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: [signature] 12/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Randie S. Fischel
Certified Public Accountant

December 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bergtold Chiropractic Clinic, P.A.
EIN 03-0397688

Dear Sir/Madam,

My client, listed above has referred to me an application for reinstatement of their Corporation. Enclosed please find a check in the amount of $150. The corporation did not receive any prior forms for the Annual Report Fee and was unaware that this had to be paid and filed.

We are asking for forgiveness of the penalty for late filing since this is a new corporation and this is the first time this fee has been paid late. We will be sure to file and pay this fee annually from now on.

We are thanking you in advance for you understanding in this matter.

Very Truly Yours,

Randie S. Fischel

2406 Leafshine Lane
Naples, Florida 34119-3355
Phone: (239) 592-7106 Fax: (239) 592-7126
E-mail: RFischelCPA@aol.com