2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAR 23 PM 3:38
SEC.
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011086

1. Entity Name
ALL AMERICA CHIROPRACTIC & REHABILITATION, INC.

Principal Place of Business	Mailing Address
377 BALOGH PLACE LONGWOOD, FL 32750	377 BALOGH PLACE LONGWOOD, FL 32750

REINSTATEMENT 11/05 05-06

2. Principal Place of Business	3. Mailing Address
1111 N. Kentucky Ave.	1111 N. Kentucky Ave.
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number
47-0846910
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEINMETZ, MATTHEW A DR. 377 BALOGH PLACE LONGWOOD, FL 32750	Name: Matthew A. Steinmetz Street Address (P.O. Box Number is Not Acceptable): 1111 N. Kentucky Ave. Suite B City: Winter Park FL Zip Code: 32789

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: Matthew A Steinmetz 3-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEINMETZ, MATTHEW A DR. 377 BALOGH PLACE LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Matthew A. Steinmetz 1111 N. Kentucky Ave. Suite B Winter Park, FL 32789	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	K. Eckel MAR 28 2006	☐ Change ☐ Addition

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: Matthew A Steinmetz 3-14-06 407 644-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #