

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -2 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013468

**1. Corporation Name**

SPINAL CORRECTION CENTERS, INC

**2. Principal Office Address**

3801 PARK STREET

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

Zip

33710

Country

USA

**3. Mailing Office Address**

PO BOX 2721

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

Zip

34697

Country

USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

27-0003873

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status:

**7. Name and Address of Current Registered Agent**

Name

GENE CUNNINGHAM

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

28100 US HWY 19 N STE 403

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

**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

Date

1/25/04

REGISTERED AGENT MUST SIGN

**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
PRES	STEPHEN STELLER	1499 MAIN STREET	DUNEDIN, FL 34698
			900028060419 02/02/04--01095--019 **300.00

**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

Date

1/25/04 7275876667

Daytime Phone #

CR2E081 (10/02)

Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32399

To Whom It May Concern:

Per a telephone call to the state I am requesting an abatement of penalties for Non-filing of the annual report. We moved our offices and never received The forms. Enclosed please find a check for \$300.00 to cover two years of Fees.

If you have any further questions or concerns please do not hesitate to Contact us.

Thank You in Advance



Stephen Steller President  
Spinal Correction Centers Inc  
727-587-6667