

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 11 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032224

1. Corporation Name

@ Healing Hands Chiropractic P.A.

2. Principal Office Address

5605 Glencrest Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

USA

REINSTATEMENT

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

03-08-02

5. FEI Number

02-0557779

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

Nick Venturino

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

5605 Glencrest Blvd.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33625

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

Nick Venturino D.C.

Date 2-9-05

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.	Nick Venturino D.C.	5605 Glencrest Blvd	Tampa, FL 33625

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:

Nick Venturino D.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813 469 0485

CR2E081 (01/05)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 11 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000118986

1. Corporation Name

EZ Holdings, Inc.

2. Principal Office Address

3951 SW. 136th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

FL 33027

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0538242

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

Joseph Shomar

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

7777 NW 146 ST.

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

500046709445

02/16/05--01050--024 **450.00

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

Joseph Shomar

REGISTERED AGENT MUST SIGN

Date 2/8/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P/S/T</u>	<u>Abderrahim Mchalel</u>	<u>3951 SW. 136th Ave.</u>	<u>Miami, FL 33027</u>

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

2/8/05

Daytime Phone #

CR2E081 (01/05)