

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

03 OCT 17 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087620

1. Corporation Name

JEFFREY S. YOHAM, D.C., P.A.

Principal Place of Business

17917 S.W. 33 CT.
MIRAMAR FL 33029

Mailing Address

17917 S.W. 33 CT.
MIRAMAR FL 33029

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

2. New Principal Office Address, If Applicable

11402 NW 41. Street

Suite, Apt. #, etc.

207

City & State

Doral

Zip

33178

Country

US

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2002

5. FEI Number

562382208

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
PD	YOHAM, JEFFREY S	17917 S.W. 33 CT.	MIRAMAR FL 33029

400023869734
10/17/03--01019--006 **158.75

8. Name and Address of Current Registered Agent

YOHAM, JEFFREY S
17917 S.W. 33 CT.
MIRAMAR FL 33029

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

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

Jeffrey S. Yoham
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Jeffrey S. Yoham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03
Date

205 994 2112
Daytime Phone #

CR2E040 (7/03)

Center for Chiropractic Health Rehabilitation

Attn: Glenda E. Hood
Secretary of State
Division of Corporations
Reinstatement Section
PO BOX 6327
Tallahassee, Fl. 32314-6327

I, Jeffrey S. Yoham, D.C., P.A. had been qualified to do business in Florida since 08/14/2002.

Enclosed is a check for \$150.00 to maintain my business in a "active" status.

I apologize for not sending the payment on time, but I did not received a letter from the State of Florida.

Document # P02000087620


Dr. Jeffrey S. Yoham D.C., P.A.