


2005 FOR PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT # P02000115133		
1. Entity Name NETWORK CHIROPRACTIC CONSULTANTS INC.		

FILED
05 MAY 27 PM 12:41

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business 6890 MIRAMAR PARKWAY, SUITE F MIRAMAR, FL 33023	Mailing Address 6890 MIRAMAR PARKWAY, SUITE F MIRAMAR, FL 33023
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2. Principal Place of Business	3. Mailing Address 19655 East Country Club Drive Apt 6-507 Aventura, Florida 33180 USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 04-05

05-23-05

4. FEI Number
75-3112556

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARGIROPOULOS, GEORGE 6890 MIRAMAR PARKWAY, SUITE F MIRAMAR, FL 33023	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: *G. Argiropoulos* (PD) DATE: 05-23-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGYROPOULOS, GEORGE 6890 MIRAMAR PARKWAY, SUITE F MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800055327028 05/25/05--01038--001 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINER, LAWRENCE 6890 MIRAMAR PARKWAY, SUITE F MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Weiner, Lawrence 6890 Miramar Parkway, Suite F MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *G. Argiropoulos* (PD) DATE: 05-23-05 DAYTIME PHONE: 786-587-675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


2282

May 23rd, 2005

To whom it may concern,

I am writing to you to inform you that I, George Argyropoulos, document # P02000115133, did not receive my 2004 and 2005 annual report notices and I would like to request that the reinstatement fee be waived since I did not receive any prior notices. I would really appreciate it. I have contacted the office of the department of state and straightened out my mailing address and I can assure you that it will not happen again. I apologize for any inconvenience.

Sincerely,



George Argyropoulos