

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -5 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #- **P 02000128825**

1. Corporation Name

SUNSHINE CHIROPRACTIC CENTER, INC.

JA

2. Principal Office Address

1068 SUNSET STRIP

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33313

Country

USA

Zip

Country

300024510183
11/07/03--01058--004 **750.00

REINSTATEMENT 2003

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

12-5-02

5. FEI Number

55-0808635

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

DONALD S GOLDRICH

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

3200 NE 14TH STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33062

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

Donald S Goldrich

Date

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
P.V.C. S.T.D	ERANST HIPPOLYTUS	1068 SUNSET STRIP	PLANTATION, FL 33313

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

11-4-03

Date

954-581-8820

Daytime Phone #