

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05

DOCUMENT # P02000130606

1. Corporation Name

Nuestro Chiropractic Center, Inc.

2. Principal Office Address

8204 Crystal Clear Lane

3. Mailing Office Address

8204 Crystal Clear Lane

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

1000

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-2002

5. FEI Number

61-1437137

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
John Arboleda

600023377276

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

8204 Crystal Clear Lane

09/29/03--01003-017 **158.75

Suite, Apt. #, Etc.

1000

City
Orlando

State

Zip Code

FL

32809

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 09-23-03

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
D	John Arboleda	8204 Crystal Clear Lane	Orlando, FL 32809

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

09-23-03 407-832-5255

Date

Daytime Phone #

From: **Nuestro Chiropractic Center, Inc.**
Document Number: **P02000130606**
John Arboleda, Officer/Director/Registered Agent

8204 Crystal Clear Lane
Suite 1000
Orlando, FL 32809

To Whom It May Concern:

I am writing you to request a waiver of the \$600 penalty fee for the 2003 renewal for **Nuestro Chiropractic Center, Inc.**, and to correct the address of the Corporation that you have on file. We are requesting a waiver of the penalty fee because we never received the renewal notice. Obviously, we did not receive the renewal notice because of the incorrect address the Department of Corporations has on file.

The following is enclosed with this letter:

1. A document downloaded from your website (sunbiz.org) displaying an *incorrect* address for the corporation.
2. A copy of the original application that was sent to the department. The original application clearly displays the typewritten, unobstructed, *correct address*.
3. The 2003 renewal application and check for Reinstatement and Certificate of Status: \$158.75.

Thank you for your consideration in this matter.

Sincerely,


John Arboleda, Officer/Director/Registered Agent