## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000133457

Entity Name: PINE HILLS CHIROPRACTIC CLINIC, INC.

FILED Oct 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Bu
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1437 N. PINE HILLS RD. SUITE A ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

1437 N. PINE HILLS RD. SUITE A ORLANDO, FL 32808

FEI Number: 25-1901760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PREVILUS, JEAN N 6906 COLONY OAKS LANE ORLANDO, FL 32818 US

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.

SIGNATURE: JEAN N. PREILUS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change ( ) Addition PREVILUS, JEAN N Name: Name: PREVILUS, JEAN N 6906 COLONY OAKS LANE 6906 COLONY OAKS LANE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: VPT () Delete Title: VPT (X) Change () Addition
Name: MAUREPAS WISNEL Name: MAUREPAS WISNEL

Name:MAUREPAS, WISNELName:MAUREPAS, WISNELAddress:1203 WEST SIDE DRAddress:5244 LIGHTHOUSE RD.City-St-Zip:WINTER GARDEN, FL 34787City-St-Zip:ORLANDO, FL 32808

Title: S ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 PREVILUS, JEAN P
 Name:
 PREVILUS, JEAN P

 Address:
 6245 KEITER LANE
 Address:
 6245 KEITER LANE

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN N. PREVILUS OWNE 10/04/2007