

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 17 AM 8:52

DOCUMENT # P03000033471

1. Corporation Name

ATLANTIC AVENUE CHIROPRACTIC CENTER, INC.

800139095388
12/17/08--01025--009 **300.00REINSTATEMENT 07-08^{KS}
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box

110 E. ATLANTIC AVE.

3. Mailing Office Address

110 E. ATLANTIC AVE.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444-3757

Country

USA

Zip

33444-3757

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 18, 2003

5. FEI Number

13-4244964

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

TANYA HLINKA, DC

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

110 E. ATLANTIC AVE.

Suite, Apt. #, Etc.

SUITE 300

City

DELRAY BEACH

State

FL

Zip Code

33444

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/12/08

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/M	TANYA HLINKA, DC	110 E. ATLANTIC AVE, SUITE 300	DELRAY BEACH, FL 33444

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 contained in Chapter 119, 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

12/12/08

Date

564-278-8382

Daytime Phone #



Dr. Tanya Hlinka

December 12, 2008

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Department of Reinstatements:

Enclosed please find an application for reinstatement of a for-profit corporation and payment for 2 years of annual report fees (totaling \$300).

I certify that prior notices were not received (which is why I did not know the corporation had been dissolved) therefore, I request the reinstatement fee be waived.

Please process this accordingly and notify me if anything further is needed.

Thank you very much for your attention to this matter.

Sincerely,



Tanya Hlinka, DC