

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000033471

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC AVENUE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

495 N.E. 4TH ST., STE 3  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

495 N.E. 4TH ST., STE 3  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 13-4244964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HLINKA, TANYA DC  
495 N.E. 4TH ST., STE 3  
DELRAY BEACH, FL 33483 US

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

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: TANYA HLINKA, DC

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: HLINKA, TANYA DR  
Address: 495 N.E. 4TH ST., STE 3  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: TANYA HLINKA, DC

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/11/2011

\_\_\_\_\_  
Date