2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000101268

1. Entity Name
CELEBRATION FAMILY CHIROPRACTIC, INC.

FILED
04 NOV 12 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
700 W VINE ST STE 101 KISSIMMEE, FL 34741	700 W VINE ST STE 101 KISSIMMEE, FL 34741

11052004 FEIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
703 EastLawn Dr Street, Apt. #, etc.	703 EastLawn Dr Suite, Apt. #, etc.
City & State: Celebration, FL	City & State: Celebration FL
Zip: 34747 Country: OSCEOLA	Zip: 34747 Country: OSCEOLA

4. Fill Number: 200269018 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LERNER, BENJAMIN S
700 W VINE ST STE 101
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: Sheri LERNER
Street Address (P.O. Box Number is Not Acceptable):
703 EastLawn Dr
City: Celebration FL Zip Code: 34747

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when required.)

FILE NOW!! FEE IS $761.30
After January 1, 2005, Fee will be $800.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LERNER, BENJAMIN S 700 W VINE ST STE 101 KISSIMMEE, FL 34741	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sheri LERNER 703 EASTLAWN DR CELEBRATION, FL 34747 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BEN LERNER 703 EASTLAWN DR CELEBRATION FL 34747 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400042693044 -- 11/12/04--01067--001 **758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/19
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING)