

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUL -1 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000030081

1. Corporation Name

SOUTH TAMPA CHIROPRACTIC CENTER P.A.

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

1100 NORTH SHORE DRIVE

3. Mailing Office Address

1100 NORTH SHORE DRIVE

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33701-1448

Country

USA

Zip

33701-1448

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/2004

5. FEI Number  
134274294

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

ROBERT DESAPIO

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

1100 NORTH SHORE DRIVE

Suite, Apt. #, Etc.

205

City

ST PETERSBURG

State

FL

Zip Code

33701-1448

☒ 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

*Robert DeSapio*

REGISTERED AGENT MUST SIGN

Date

6/25/09

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,V,D	ROBERT DESAPIO	1100 NORTH SHORE DRIVE	ST PETERSBURG, FL 33701-1448

**REINSTATEMENT**

**RH**

500158020725  
07/01/09--01003--016 \*\*450.00

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:

*Robert DeSapio* Robert DeSapio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/09 (727) 906-6805  
Daytime Phone # 6805