


# 2008 FORT PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000033630		
1. Entity Name CHIRO MATRIX, P.A.		

Principal Place of Business 385 HARMONY WAY OVIEDO, FL 32765 US	Mailing Address P.O. BOX 622766 OVIEDO, FL 32762 US
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2. Principal Place of Business - No P.O. Box # 455 Douglas Ave Suite, Apt. #, etc. 2255 A	3. Mailing Address P.O. Box 162742 Suite, Apt. #, etc.
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City & State ALTAMONTE SPRINGS	City & State ALTAMONTE SPRINGS
Zip 32714	Zip 32716
Country USA	Country USA

FILED  
08 APR 15 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02062008 REIN-P CR2E098 (1/07) 07-08

6. Name and Address of Current Registered Agent HUSBANDS, JUDY E DR 3954 VERSAILLES DRIVE ORLANDO, FL 32808	
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4. FEI Number 61-1466515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name JUDY HUSBANDS Street Address (P.O. Box Number is Not Acceptable) 3018 SAND STONE CIRCLE City ST. CLOUD FL Zip Code 34772	

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 <u>Judy Husbands</u> <small>Signature, type or printed name of registered agent and title if applicable.</small>	DATE <u>2/6/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$900.00	04/15/08--01032--001 **600.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P HUSBANDS, JUDY E DR 3954 VERSAILLES DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P JUDY HUSBANDS 3018 SAND STONE CIRCLE ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300117827253 02/12/08--01015--015 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Judy Husbands</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>2/6/08</u> DAYTIME PHONE # <u>407-359-5220</u>

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