

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 22 PM 1:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000044622

1. Corporation Name

JACKSONVILLE CHIROPRACTIC CENTER, INC

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

7735 KIRKMAN ROAD

Suite, Apt. #, etc.

SUITE 120

City & State

ORLANDO, FLORIDA

Zip

32810

Country

USA

3. Mailing Office Address

1803 PARK CENTER DR

Suite, Apt. #, etc.

SUITE 120

City & State

ORLANDO, FL

Zip

32835

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2004

5. FEI Number

☒ 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

FRITZ JACKSON SEIDE

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

2465 RIVER RIDGE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

☒ 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

Fritz Seide

REGISTERED AGENT MUST SIGN

Date

8/16/2007

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/D	FRITZ J. SEIDE	2465 RIVER RIDGE DR	ORLANDO, FL 32825
S	FRIDITH SEIDE	2465 RIVER RIDGE DR	ORLANDO, FL 32825
O	DWAYNE M. HOLLOWAY	2465 RIVER RIDGE DR	ORLANDO, FL 32825
VP	JUDITH SEIDE	2465 RIVER RIDGE DR	ORLANDO, FL 32825
	<i>1823</i>		

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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:

Fritz Seide

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/2007

Daytime Phone #