

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000050755

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Entity Name:** TAFT CHIROPRACTIC CENTER INC

**Current Principal Place of Business:**

8900 S.W. 24TH ST., STE 102  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8900 S.W. 24TH ST., STE 102  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 20-0912310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINEIRO, SANDRA  
8900 S.W. 24TH ST., STE 102  
MIAMI, FL 33165 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:** SANDRA PINEIRO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PDTE  
**Name:** PINEIRO, SANDRA  
**Address:** 8900 S.W. 24TH ST., STE 102  
**City-St-Zip:** MIAMI, FL 33165

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:** SANDRA PINEIRO

PDTE

09/27/2011

Electronic Signature of Signing Officer or Director

Date