

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 FEB -9 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000109660**

1. Corporation Name

Advanced Chiropractic Rehabilitation and Wellness Center, Inc.

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

15151 South Hwy 441

3. Mailing Office Address

15151 South Hwy 441

Suite, Apt. #, etc

200

Suite, Apt. #, etc

200

City & State

Summerfield FL

City & State

Summerfield FL

Zip

34491

Country

USA

Zip

34491

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/23/2004

5. FEI Number

510519313

☐ 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

Thomas F. Mammana

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

6245 NE 60th Street

Suite, Apt. #, Etc.

City

Silver Springs

State

FL

Zip Code

34488

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

*Thomas F. Mammana*

REGISTERED AGENT MUST SIGN

Date

2/2/11

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	Thomas F. Mammana	6245 NE 60th Street	Silver Springs FL 34488
S	Carol J. Mammana	6245 NE 60th Street	Silver Springs FL 34488

10. E-mail Address: THOMAS.MAMMANA@Yahoo.com

(To be used for future annual report notification)

11. 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. I further certify 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:

*Thomas F. Mammana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/11

Daytime Phone #

352-690-9777