2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000069723

1. Entity Name
MEDINA CHIROPRACTIC, INC.

Principal Place of Business	Mailing Address
7260 NW 114 AVENUE SUITE 203 DORAL, FL 33178 US	7260 NW 114 AVENUE SUITE 203 DORAL, FL 33178 US

10242006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
4864 NW. 110 Place	4864 NW 110 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doral, FL	City & State: Doral, FL
Zip: 33178 Country: US	Zip: 33178 Country: US

4. FEI Number: 20-2826623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, FLAVIA M
7260 NW 114 AVENUE
SUITE 203
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name: Medina, Flavia M.

Street Address (P.O. Box Number is Not Acceptable): 4864 NW 110 Place

City: Doral FL Zip Code: 33178

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: Medina D-C 11/1/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P MEDINA, FLAVIA M 7260 NW 114 AVENUE, SUITE 203 DORAL, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Medina, Flavia M. 4864 NW 110 Place Doral, FL 33178	☒ Change ☐ Addition
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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: Medina D-C 11/1/2006 (305) 436-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #