

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 7260 NW 114 AVENUE SUITE 203 DORAL, FL 33178 US	Mailing Address 7260 NW 114 AVENUE SUITE 203 DORAL, FL 33178 US
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2. Principal Place of Business 4864 NW 110 Place Suite, Apt. #, etc.	3. Mailing Address 4864 NW 110 Place Suite, Apt. #, etc.
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City & State Doral, FL Zip 33178 Country US	City & State Doral, FL Zip 33178 Country US
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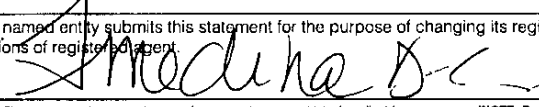
6. Name and Address of Current Registered Agent MEDINA, FLAVIA M 7260 NW 114 AVENUE SUITE 203 DORAL, FL 33178	
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10242006 REIN-P CR2E098 (11/05)

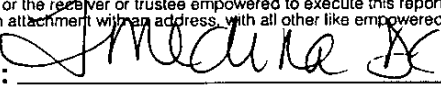
4. FE# Number 20-2826673	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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	
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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 	DATE 11/1/2006

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.
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081551575 11/06/06--01034--025 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	DATE 11/1/2006 Daytime Phone # (305) 436-7323