REINSTATEMENT

07-24-2007 90041 014 ***150.00

2007 FOR PROFIT CORPORATION ~~ANNUAL REPORT~~

FILED

07 OCT -2 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07192007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000123686

1. Entity Name
NODARSE CHIROPRACTIC CENTER, CORP.

Principal Place of Business	Mailing Address
1800 N.W. 27TH AVENUE SUITE 604 MIAMI, FL 33145 US	1800 N.W. 27TH AVENUE SUITE 604 MIAMI, FL 33145 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3190532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NODARSE, MARIA T DC
1800 N.W. 27TH AVENUE
SUITE 604
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	P NODARSE, MARIA T DC 1800 N.W. 27TH AVENUE, SUITE 604 MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 07 pcs

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: [signature] D.C. MARIA T NODARSE 7/19/07 3054464797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Per conversation with Maria Nodarse on 10/2/07, rejection notice never rec'd. pcs