## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000094965

Entity Name: GRACE CHIROPRACTIC INC

5905 TOMOKA DRIVE

ORLANDO, FL 32809

Address: City-St-Zip: FILED Jul 30, 2009 Secretary of State

Littly Na	IIIE. GRACE	CHROPRACTIC INC			
Current P	rincipal Pla	ce of Business:	New Principal Place	New Principal Place of Business:	
	IOKA DRIVE D, FL 32809				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	IOKA DRIVE D, FL 32809				
FEI Number	: 26-0770262	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
ORLANDO	ÍOKA DRIVE D, FL 32809	US	nurnose of changing its registered	d office or registered agent, or both,	
	e of Florida.	y submits this statement for the	purpose of changing its registered	office of registered agent, or both,	
SIGNATUI	RE: KEITH				
	Electr	onic Signature of Registered Ag	gent	Date	
		193(2)(b), F.S., the corporation did n ing Trust Fund Contribution (  ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P HOPKINS, KI 5905 TOMOR ORLANDO, F	(A DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T HOPKINS, KI 5905 TOMOR ORLANDO, F	(A DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S HOPKINS, KI	()Delete EITH T	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KEITH T HOPKINS P 07/30/2009