2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 23, 2011
Secretary of State

DOCUMENT# P10000045473

Entity Name: BELCO CHIROPRACTIC CLINIC, INC

Current Principal Place of Business:

2817 BELCO DR
SUITE #5
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

2817 BELCO DR
SUITE #5
ORLANDO, FL 32808

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKLEAR, VICTOR R
2817 BELCO DR
SUITE #5
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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.

SIGNATURE: VICTOR R LOCKLEAR

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOCKLEAR, VICTOR R
Address: 2817 BELCO DR SUITE #5
City-St-Zip: ORLANDO, FL 32808

I hereby 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 all other like empowered.

SIGNATURE: VICTOR R LOCKEAR PRES 11/23/2011

Electronic Signature of Signing Officer or Director — Date