2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000000753

1. Entity Name
PINE PLAZA CHIROPRACTIC CENTER, INC.

FILED

05 APR -8 PM 4: 28

SECRE...
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
03162005 REIN P OR2E098 (6/04)

Principal Place of Business	Mailing Address
7195 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33313 US	7195 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33313 US

2. Principal Place of Business	3. Mailing Address 1573 NE 37 STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State FT. LAUDERDALE, FL.	4. FEI Number 65-0378659 / Applied For / Not Applicable
Zip / Country	Zip 33334 / Country USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARTZ, MICHAEL DR 1573 NE 37TH ST FT LAUDERDALE, FL 33334	Name SHARON SCHWARTZ
	Street Address (P.O. Box Number is Not Acceptable) 1573 NE 37th Street
	City FT. LAUDERDALE FL Zip Code 33334

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 _SHARON SCHWARTZ_ 3-18-05

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

FILE NOW!!! FEE IS $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	PD	☐ Delete	TITLE	VICE PRESIDENT	☑ Change	☐ Addition
NAME	SCHWARTZ, MICHAEL		NAME	SHARON SCHWARTZ		
STREET ADDRESS	1573 NE 37TH ST		STREET ADDRESS	1573 NE 37 STREET		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP	FT. LAUDERDALE, FL. 33334		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	100054284111		
STREET ADDRESS			STREET ADDRESS	05/11/05--01048--007 **300.00		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME	REINSTATEMENT 04-05		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _SHARON SCHWARTZ_ 3-18-05 954 396.9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #