

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 25 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018453

1. Corporation Name

AIKEN CHIROPRACTIC CENTER P.A.

Principal Place of Business

Mailing Address

2960 S MCCALL ROAD
SUITE 106
ENGLEWOOD FL 34224

2960 S MCCALL ROAD
SUITE 106
ENGLEWOOD FL 34224

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0394729

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	AIKEN, WALTER C	253 ROTONDA CIRCLE	PLACIDA FL 33947
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AIKEN, WALTER C JR
2960 S. MCCALL ROAD
SUITE 106
ENGLEWOOD FL 34224

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 5-22-00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-00

Date

Daytime Phone #

CR2E040 (7/96)

AIKEN CHIROPRACTIC CENTER

WALTER C. AIKEN, D.C.
CYNTHIA AIKEN BOWLIN, D.C.



2960 South McCall Road, Suite 106
Englewood, Florida 34224
Phone (941) 474-7719
Fax (941) 474-7710

May 22, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Just today, I learned that my corporation - Aiken Chiropractic Center, P.A. - was administratively dissolved August 23, 1996 for failure to file a 1996 corporation annual report. This afternoon, I spoke to Michelle and Tyrone in your office and they both advised me to write this letter of explanation along with my enclosed Reinstatement Form.

I learned of this dissolution quite by accident when I found your "Notice of Administrative Dissolution" in an old corporate file. This was obviously misfiled at the time, with no response from me. Had I received any other notices around that time or since then, this would have been taken care of and not allowed to be dissolved.

Not knowing the corporation was dissolved, my CPA has filed all of the corporate returns in a timely manner. Also, the corporation was audited in 1998 and I paid \$88.25 for something that was due. Despite our good intentions and compliance with proper procedure, none of this triggered any other notice that the corporation was dissolved.

In my conversations with Michelle and Tyrone today, they both said that, if I requested it, you would likely waive the late and/or reinstatement fees due to the circumstances noted above. Therefore, I ask that you please waive those fees, and accept my enclosed check for \$815. as full payment to reinstate the corporation. The amounts they directed me to send are as follows:

1996 - \$200; 1997 - \$165; 1998 - \$150; 1999 - \$150; 2000 - \$150 = Total: \$815.

To get this matter resolved as quickly as possible, I am having Capitol Connections personally walk this through your office. I trust that the late fee waiver will be done, and my check for \$815. will bring me current. Thank you for your consideration and help.

Sincerely,

Walter C. Aiken, D.C.
President/Registered Agent

P.S. This is to certify that I never received the first notice of dissolution. I therefore request the reinstatement fee be waived.

WCA:me
Encl.