

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

97 APR -3 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000018955

1. Corporation Name

ASSOCIATED CHIROPRACTIC PHYSICIANS, INC.

Principal Place of Business

1517 LONDON AVE.  
JACKSONVILLE FL 32207

Mailing Address

1517 LONDON AVE.  
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

314 NORTH KINGS RD.  
Suite, Apt. #, etc.  
P.O. Box 1678  
City & State  
HILLIARD, FL  
Zip  
32046  
Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 1678  
City & State  
HILLIARD, FL  
Zip  
32046  
Country  
USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/1993

5. FEI Number

59-3169023

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KORNACKI, KERRY	RT. 1, BOX 169T	HILLIARD FL 32046
M	KORNACKI, DEBRA	RT. 1, BOX 169T	HILLIARD FL 32046
S	MOSS, RUBEN	4083 SUNBEAM RD.	JACKSONVILLE FL 32257
T	CHRISTIAN, REBECCA	RT. 3, BOX 424	HILLIARD FL 32046
			700002135867-9 -04/08/97-01024-003 ****540.00 ****540.00
			700002135867-9 -04/08/97-01024-004 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORNACKI, KERRY E  
1517 LONDON AVE  
JACKSONVILLE FL 32207

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

REGISTERED AGENT MUST SIGN

Date 10-28-96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-96 904-845-7400

CRE040 (7/96)