

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:34

DOCUMENT # P93000049681

1. Corporation Name

CHIROPRACTIC ONE, INC.

2. Principal Office Address

4401 South Orange Ave.

3. Mailing Office Address

4401 S. Orange Ave.

REINSTATEMENT 99-00

Suite, Apt. #, etc.

Suite 117

Suite, Apt. #, etc.

Suite 117

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1993

5. FEI Number

593190383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOMINIC G. BOCCO, JR.

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

2220 Hillcrest Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

900003283263-4  
-05/09/00-01092-002  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Dominic G. Bocco, Jr.*

REGISTERED AGENT MUST SIGN

Date 5/16/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard J. Bocco	4401 S. Orange Ave Suite 117	Orlando, FL 32806

10. 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: RICHARD J. BOCCO *Richard Bocco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00

Date

407-850-2225  
Daytime Phone #

CR2E081 (9/99)