## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 05 OCT 17 PH 1: 22
DOCUMENT # 194 0000 3008  NITHERELL CHIROPPACTIC HEALTH CENTER, INC.		SECRETALY OF STATE TALLAHASSEE, FLORID
WITHERELL CHIROPPACTIC HE	ENCIA CENIER, INC.	
974 OLD DIXIE HIGHWAY S	Mailing Office Address  974015 D/X/E HIGHWAY  uite, Apt. #, etc.	CR2E081 (8/05)
~	ity & State	4. Date Incorporated or Qualified To Do Business in Florida
HOMESTEAD, FL A	HOMESTEAD, FL	5. FELNumber Applied For Not Applicable
33030 USA	33030 USA	CERTIFICATE OF STATUS DESIRED. S8.75 Additional Fee required for a Certificate of Status
Name  Out of Contract Contract Registered Agent  Name		
CHARLES T. WITHERELL.  Street Address (P.O. Box Number is Not Acceptable)		
974 OLD Z Suite. Apr. #, Etc.	DIXIE HIGHWAY	
City HOMESTEAD		State Zip Code FL 33030
8. I, being appointed the registered agent of the spore named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered AgentREGIS	TERED AGENT MUST SIGN	Date 10/14/05
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
CHARLES T. WITHERE	ELL 974 OLD DIXIE A	HIGHWAY HOMESTED DIFL 33032
		ਰੋਹੇਂਹਹ6U712352 ™.መ
		200069712352 10/18/0501041001 **120.00
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 filling 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 peld and the names of 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 significant have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE ASSESSMENT OR PRINTER	D NAME OF SIGNING OFFICER OR DIRECTOR	10/14/05 305-247-7300 Dato Daytime Phone #