

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

96 DEC 27 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035001

1. Corporation Name

JAMES V. GAREMORE, JR., D.C., P.A.

Principal Place of Business

Mailing Address

8800 SW STATE ROAD 200
SUITE 205
OCALA FL 34481

8800 SW STATE ROAD 200
SUITE 205
OCALA FL 34481



REINSTATEMENT *Al*

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

05/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3257571

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)

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
D	GAREMORE, JAMES V JR	8800 SW STATE ROAD 200 SUITE 205	OCALA FL 34481

600002046096--4
-01/03/97--01182--025
***375.00 ***375.00

JB 12-20-96

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

PEEK, DAVID H
1609 GULF LIFE TOWER
JACKSONVILLE FL 32207

Name *Garemore, James V. Jr.*

Street Address (P.O. Box Number is Not Acceptable)
8800 SW State Rd 200

Suite, Apt. #, Etc.
Suite # 205

City
Ocala

State
FL

Zip Code
34481

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

James V. Garemore, Jr.
REGISTERED AGENT MUST SIGN

Date

9/20/96

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)(f), 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:

James V. Garemore, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James V. Garemore, Jr., D.C.

Date

9/20/96

Daytime Phone #

(352) 854 6780