	DI		LLINGTONG	TIONS	· DEEODE O	·OMPLET		 NA	Vi 1:19	
FOR				PARTME Ta B. Mosetary of Store Corporate The corporate Th	rtham State	OMPLET	FILEO	·	¥j.10{2	
DOCUMENT # P9400074289 1. Corporation Name MIAMI BEACH FAMILY & SPORTS CHIROPRACTIC CENTER INC.						97 OCT 27 PM 12: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
BIS ALTO	Place of Business N ROAD ACH FL 33139		Mailing Address 815 ALTON ROAD MIAMI BEACH FL 331	ALTON ROAD						
,			h incorrect information and enter correction below. New Mailing Office Address, If Applicable Sulte, Apt. #, etc.			Date Incorp To Do Busin FEI Number	Date Incorporated or Qualified To Do Business In Florida 10/06/1994 FEI Number OF SERVICE Applied For			
City & State Zip Country			City & State Zip Country		ry	65-0529128 6\$8.7		\$8.75 Addit	Not Applicable lional Fee required	
7. Names	and Street Addre	sses of Each Officer and/o Name of Officers and/or Directors	r Director (Florida non	St	ations must list at lea reet Address of Each flicer and/or Director Jse Post Office Box N	st 3 directors)		/ State / Zip	inicale of Status	
PD	NARSON, TODD M DR.			915 ALTON ROAD			MIAMI BEACH FL 33139			
VSD NARSON, COREY DR.			915 /	915 ALTON ROAD			MIAMI BEACH FL 33	139		
						70	1000234 -11/06/97- ****165.0	045 -01085 0 ***	?© 005 ∗165.00	
Name and Address of Current Registered Agent Name						9. Name and	Address of New Registe	ed Agent		
NARSON, TODD M DR. 915 ALTON ROAD MIAMI BEACH FL 33139				Street Address (F		P.O. Box Number is Not Acceptable)				
					City		F	tate Zip C	ode	
10 I bein	n ennointed the re	oistered anent of the abov	e named cornoration, a	am !amiliar v	viin and accept the ol	blications of Secti	ion 607.0505. F.S.			

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes L

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 of Registered Agent

LOON.
F SIGNING OFFICER OR DIRECTOR

10/23/97 (305)
Davime Phone 9

Pg. 20/2

Miami Beach Family & Sports Chiropractic Center

915 Alton Road. Miami Beach Florida 33139

Phone: 305.672.2225 Fax 305.674.4449 email: beachdoc@mindspring.com

October 23, 1997

Division Of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

RE: Reinstatement of : Miami Beach Family & Sports Chiropractic Center, Inc.

To Whom It May Concern-Division of Corporations,

As per our conversations earlier today, ever since moving our business, we continue to have difficulty receiving mail. To date, we have not yet received the original paperwork required to properly file our 'annual report'.

Please accept our sincere apologies. Enclosed, please find a check for the annual report/reinstatement filing fee, as well as the appropriate paperwork. This corporation is very important to us, as it is my wife and my first business.

If there are any questions regarding the above, please contact us personally.

Yours Truly,

Todd M. Narson/President

Corey Narson/Vice-President