

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000003140

1. Corporation Name

SCOTT D. SACHS, D.C., P.A.

Principal Place of Business

977 N. NOB HILL ROAD  
PLANTATION FL 33324

Mailing Address

977 N. NOB HILL ROAD  
PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1995

5. FEI Number

65-0699991

☒ 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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PVTS

SACHS, SCOTT D PA

977 N. NOB HILL ROAD

PLANTATION FL 33324

DCM

SACHS, SCOTT D PA

977 N. NOB HILL ROAD

PLANTATION FL 33324

300008591623  
10/25/02--01046--005 \*\*150.00

8. Name and Address of Current Registered Agent

SACHS, SCOTT D D.C.  
977 N. NOB HILL ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

CR2E040 (8/02)



2022

©1996 Scott Sachs D.C., P.A.

**SACHS CHIROPRACTIC CENTER ♦ 977 N. NOB HILL ROAD PLANTATION, FL 33324 ♦ (954) 423-2323**

October 21, 2002

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

To Whom It May Concern:

Enclosed is my check for reinstatement of my corporation, Scott D. Sachs, D.C. P.A. It is the first notification I received.

If you have any questions please don't hesitate to contact me.

Sincerely,

*Scott Sachs D.C. P.A.*  
Scott D. Sachs, D.C. P.A.