

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 PM 2:22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015003

1. Corporation Name
Chiropractic Life Center, P.A.
2183 Mariner Blvd
Spring Hill, FL 34609
WO4-41928

2. Principal Office Address Same		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 2/21/95	
5. FEI Number 31-1429308	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Charles R. Glenn		
Street Address (P.O. Box Number is Not Acceptable) 2183 Mariner Blvd.		
Suite, Apt. #, Etc.		
City Spring Hill, FL	State FL	Zip Code 34609

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 Charles R. Glenn Date 12/24/04
REGISTERED AGENT MUST SIGN

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
PT.S.	Glenn, Charles R.	2183 Mariner Blvd Spring Hill FL 34609	Spring Hill, FL 34609

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12/27/04--01091--001 **300.00

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 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: Charles R. Glenn Date 12/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/28/04

CR2E081 (01/04)