

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 18 AM 11:58

DOCUMENT #

1. Corporation Name

Atrium chiropractic center
P 95000023207

2. Principal Office Address

15118 SW 72nd St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/95

5. FEI Number

650571830

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Joseph M. Buckley

Street Address (P.O. Box Number is Not Acceptable)

6051 SW 180th Terr

Suite, Apt. #, Etc.

City

S.W. Ranches

State

FL

Zip Code

33331

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

Dr. Joseph Buckley

REGISTERED AGENT MUST SIGN

Date

6/16/04

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
President	Dr. Joseph Buckley	6051 SW 180th Terr. Ft. S.W. Ranches 33331	S.W. Ranches, FL 33331
VICE President	Dr. Damian Martinez	1710 BAY drive	No Miami beach 33141
			100038051231
			06/18/04--01004--001 **308.75

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:

Dr. Joseph Buckley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/04

Daytime Phone #

954
432-3343

CR2E081 (10/02)

CHIROPRACTIC CENTERS



Dr. Joseph M. Buckley
Dr. Damian Martinez
Dr. Carlo Guadagno

June 10, 2004

To Whom It May Concern:

The purpose of this letter is to reinstate a corporation, Atrium Chiropractic Center, FEI #650571830. The event date of Administrative Dissolution for Annual report was September 19, 2003 (Document #P95000023207).

Atrium Chiropractic Center did have an address change in 2003. We did not receive the annual report forms. Our new address is 15118 S.W. 72 Street, Miami, FL 33193 and our phone # is 305-386-9559.

We have enclosed a check in the amount of \$308.75 for 2003-2004.

Thank you for your help.

Sincerely,

Dr. Joseph Buckley

**PINES WEST
CHIROPRACTIC**

17035 Pines Blvd.
Pembroke Pines, FL 33027
Tel: 954-432-3343
Fax: 954-450-2565

MARTINEZ CHIROPRACTIC

12821 S.W. 88 Street
Miami, FL 33186
Tel: 305-388-7577
Fax: 305-388-7851

**WEST KENDALL
CHIROPRACTIC**

15118 S.W. 72nd Street
Miami, FL 33193
Tel: 305-386-9559
Fax: 305-386-9561