

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **096000025932**

1. Corporation Name

**SPECIAL CARE CHIROPRACTIC CLINIC INC**

Principal Place of Business

Mailing Address

**1102 W CASS ST  
TAMPA FL  
33606**

**SAA**

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

2. New Principal Office Address, If Applicable

**N/A**

3. New Mailing Office Address, If Applicable

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**April 1994**

5. FEI Number

**593306451**

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	J. S. PORITZ	1102 W CASS ST TAMPA FL 33606	TAMPA FL 33606

**700002395837--7**  
-01/09/98--01074--011  
\*\*\*\*923.75 \*\*\*\*923.75

**REINSTATEMENT**

**96-97  
7/6/98  
1/5/98**

8. Name and Address of Current Registered Agent

**Manuel Junco  
5041 W. Cypress  
Ste 100  
Tampa, FL**

**33607**

9. Name and Address of New Registered Agent

Name **SAA**  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City **Tampa**  
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.

Signature of  
Registered Agent

**Manuel Junco**  
REGISTERED AGENT MUST SIGN

Date **3-24-97**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/21/97 (813) 254-9111**  
Date Daytime Phone #