

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 29 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000027331

1. Corporation Name

Cordero Family Chiropractic

2. Principal Office Address

812 W Lantana Road

Suite, Apt. #, etc.

City & State

Lantana FL

Zip

33462-1509 USA

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/95

5. FEI Number

650567419

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 Edwin Cordero

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

6610 Cobia Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

900027893879
01/29/04-01064-024 **300.00

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 Edwin Cordero

Date

1/20/04

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
D	Dr. Edwin Cordero	6610 Cobia Cir -	Boynton Bch FL 33437
V	Debra A Cordero	6610 Cobia Cir	Boynton Bch, FL 33437

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)(l), 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

Debra A Cordero
Dr. Edwin Cordero

1/20/04

Date

5615333884

Daytime Phone #

CR2E081 (10/02)

Dr. Edwin Cordero

January 22, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: CORDERO FAMILY CHIROPRACTIC
TAX ID: 65-0567419

Dear Sir,

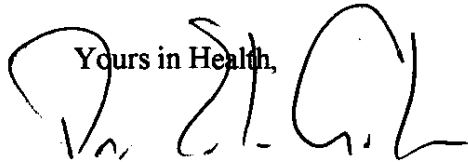
This is in reference to my Corporation reinstatement. I have had this corporation for almost ten years. In the April of every year I make sure I renew my corporation. This year I received the renewal and paid \$150.00 as noted and sent in the proper documents.

In the past few months I had received an Explanation of Benefits from an insurance company, which noted that my Tax ID number was invalid. I located my cancelled check that showed I had paid for the Cooperation, however it was a renewal from another Corporation and a different tax ID number and not this one. After further investigation, I found out that this Corporation had in fact lapsed. I don't remember ever receiving any notification or letters in the mail about the renewal of this corporation at any time, so I was unaware of the lapse.

Please accept this explanation of why this Corporation has not been paid and reinstate my Corporation 650567419.

Enclosed is the Reinstatement form and a check for \$300.00.

Yours in Health,



Dr. Edwin Cordero