

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

1.F 2

APPLICATION FOR REINSTATEMENT



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

96 SEP 20 AM 10:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000030332**

1. Corporation Name

ACCIDENT CARE CHIROPRACTIC, INC.

Principal Place of Business

1301-27 MONUMENT RD.
 JACKSONVILLE FL 32225

Mailing Address

1301-27 MONUMENT RD.
 JACKSONVILLE FL 32225



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3320209	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PARENIO, RALPH G.D.C.	1301-27 MONUMENT RD.	JACKSONVILLE FL-32225
PD	PARENIO, RALPH G. D.C.	1301-27 Monument Rd.	JACKSONVILLE, FL, 32225
			500001955835 -09/25/95--01019--004 ****200.00 ****200.00
			8/9/24

8. Name and Address of Current Registered Agent

PARENIO, RALPH G D.C.
 1301-27 MONUMENT RD.
 JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name **Dean Treible MBA**
 Street Address (P.O. Box Number is Not Acceptable)
2404 Rogers Road
 Suite, Apt. #, Etc.
 City **JACKSONVILLE** State **FL** Zip Code **32211**

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

Dean Treible MBA
 REGISTERED AGENT MUST SIGN

Date **9/18/96**

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: *Ralph G. Parnio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/18/96** Daytime Phone # **904-724-7246**