

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # **P95000033544**

1. Corporation Name

CORAL REEF CHIROPRACTIC CENTER, P.A.

Principal Place of Business

Mailing Address

9044 SOUTHWEST 152ND STREET
MIAMI FL 33157

9044 SOUTHWEST 152ND STREET
MIAMI FL 33157

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



600023793646
10/14/03--01060--010 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1995

5. FEI Number

65-0581312

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEPIN, MARK	9044 SOUTHWEST 152ND STREET	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEPIN, MARK
9044 SOUTHWEST 152ND STREET
MIAMI FL 33157

Name _____

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

Suite, Apt. #, Etc. _____

City _____ 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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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

Date

10/9/03

Daytime Phone #

305-255-2499

CR2E040 (7/03)

CORAL REEF CHIROPRACTIC CENTER, P.A.

9044 SW 152ND STREET
MIAMI, FLORIDA 33157
(305)255-2499

October 9, 2003

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

RE: Notice of Administrative Dissolution of
Coral Reef Chiropractic Center, PA

To whom it may concern:

Please accept the \$150.00 filing fee with the application for reinstatement without penalty. I had not received the previous notices for filing. I apologize for the inconvenience and thank you for your assistance.

Sincerely,



Mark S. Pepin
Director