PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 AUG -9 PM 3: 35
DOCUMENT# P9500	00068913	SECRETARIL DI STATE TALLAHASSEE, FLORIDA
1. Corporation Name Lingelo M. Gadaleta DC, PA		
musels w. Gc	oale 10, PA	
2. Principal Office Address	3. Mailing Office Address	
. De struct record 1001	PO 30+ 112078	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suctel		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
Zip Country	Dagles Fl	Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City State Zip Code		
FUEL Myers EL FL 33919		
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 Date 5/30/06 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	
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3.8/10/04		
RECEIVATE 67-04		
		500078619376 08/11/0601008004 **1050.00
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 contained in Chapter 119, 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: Daytime Phone #		