

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 AUG 31 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070055

1. Corporation Name

BAYSIDE CHIROPRACTIC CENTER, INC.

Principal Place of Business

Mailing Address

5108 N. HABANA AVE.  
SUITE 1  
TAMPA FL 33614

5108 N. HABANA AVE.  
SUITE 1  
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable  
4840 N. Armenia Ave,  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
4840 N. Armenia Ave  
Suite, Apt. #, etc.

City & State  
Tampa, FL 33603  
Zip Country

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Tampa, FL 33603  
Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/1995

5. FEI Number

59-3342629

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	RODRIGUEZ-GALZADA, VASCO A	4934 HALIFAX DRIVE	TAMPA FL 33615

REINSTATEMENT

500002634865--1  
-09/09/98--01033--008  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

*Vasco Rodriguez*  
*SECRETARY*

9. Name and Address of New Registered Agent

Name VASCO A. Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
4840 N. ARMENIA AVE  
Suite, Apt. #, Etc.  
1  
City TAMPA  
State FL Zip Code 33603

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/11/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/97 (813)  
354-0625

CR20040 (8/97)