

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000076447**

1. Corporation Name

**SILVERMAN CHIROPRACTIC AND MEDICAL SERVICES, IN
C.**

Principal Place of Business

Mailing Address

291 N.W. 37TH AVE.
CORAL GABLES FL 33125

291 N.W. 37TH AVE.
CORAL GABLES FL 33125

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FEI Number

65-0650730

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SILVERMAN, MARK A	291 N.W. 37TH AVE	CORAL GABLES FL 33125

300002035543--1
-12/20/96--01108--002
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MARTIN, GREGORY A ESQ.
2699 SOUTH BAYSHORE DRIVE
PENTHOUSE
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name MARTIN, Gregory A. Esq.
Street Address (P.O. Box Number is Not Acceptable)
100 N. Biscayne Blvd.
Suite, Apt. #, Etc. 601
City Miami State FL Zip Code 33132

10. I, being appointed the registered agent of the above named corporation, am for filler with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/11/96

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/96
Date

305-6445008
Daytime Phone #