PLEASE READ ALL: INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPONATION REMOTATEMENT | ecritariof the DIVIS CORN ANONS | FILED 00 SEP 22 AM 11: 41 |
| DOCUMENT # DAIN 978010 | | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| 1. Corporation Name Tallahassee Chropnactic Sports Médicine And Rehab Centre | | MELITANOEL LONION |
| Tallanasse ampialis a gran radicina | | |
| And Rehab Centu | | |
| 2. Principal Office Address 230 John Knux Ry | 3. Mailing Office Address | - Marie Mari |
| Suite, Apt. #, etcL | Suite, Apt. #, eyc. | |
| #3 | | 4. Date Incorporated or Qualified To Do Business in Florida (996 |
| City & State Tallchassee, Fi | City & State | 5. FEI Number S9-33 64164 Not Applied For Not Applicable |
| 32303 Country LEON | Zip Country | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | |
| Name Dr FRED E. Russo 5000034162551-7 -10/06/0001023005 | | |
| Street Address (P.O. Box Number is Not Acceptable) ****300.00 ****300.00 | | |
| Suite, Apt. #, Etc. Tallahussel, Fl | | |
| City | | State Zip Code FL 323/2 |
| 8. 1, 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 4/6/00 | | |
| Signature of Registered Agent Date 9/6/00 | | |
| 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 Director | Street Address of Ea Officer and/or Direct | |
| President by Pero E. Rus | SSO 250 John Knox | Ro Tallahassee, FL 32312 |
| S Jamie Russo SAA. | | |
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| | | |
| 10. I certify that I am an officer or director or the rec- | eiver or trustee empowered to execute this application as | s provided for in chapter 607 or 617, F.S. I further certify that when filling |
| 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 Daytime Phone # | | |

TALLA, HASSEE

Chiropractic · Sports Medicine & Rehab Center

Dr. Fred E. Russo, C.C.S.P.

Certified in: Chiropractic Sports Medicine - Manipulation Under Anesthesia

To whom it may concern,

When I recently switched banks for my business, my new bank informed me that I needed to contact the division of corporations. I wondered what for? I then found out that my corporation had been dissolved due to non-payment of yearly dues/fees. I said I had no knowledge of owing any such fees because I did not recieve any correspondence/billing requesting such. I was told that a letter/ notice was sent to my registered agent (which was returned as undeliverable) and to myself, at this office address. I recieved no such correspondence. They informed me that I could write a letter of appeal describing the circumstances surrounding the subsequent dissolution of my corporation and possible reinstatement.

I am requesting consideration for reinstatement as I never intended for this corporation to be dissolved. I would have gladly paid the related yearly fees had I known how much to pay them. I was also told upon my phone inquiry that I would need to submit a check for \$300.00, yet the reinstatement form states \$750.00. Which is it? Any consideration would be greatly appreciated as this appears to be some sort of oversight. Also to prevent any further such incident, I am changing my registered agent to myself at my home address to avoid any unnecessary delays with the mail system and any associated dead lines.

Sincerely

Dr. Fred E. Russo





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