

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR **REINSTATEMENT**

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



FILED

97 NOV -5 AM 10:56

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P96000004465**

1. Corporation Name  
**SUNCOAST CHIROPRACTIC CLINIC, P.A.**

Principal Place of Business      Mailing Address

**3690 EAST BAY DRIVE STES. T AND U  
 LARGO FL 34624**

**3690 EAST BAY DRIVE STES. T AND U  
 LARGO FL 34624**



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		4. Date Incorporated or Qualified To Do Business in Florida <b>01/12/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3353269</b>	
City & State		City & State		Applied For Not Applicable	
Zip <b>33771</b>	Country	Zip <b>33771</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>COHEN, ROBERT J D.C.</del>	<del>3690 EAST BAY DRIVE STES. T AND</del>	<del>LARGO FL 34624</del>
P	Cohen, Robert J. D.C.	3690 East Bay Dr Ste T	Largo, FL 33771

8888882341988--2  
 -11/07/97--01104--009  
 \*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>COHEN, ROBERT J D.C.</b> <b>3690 EAST BAY DRIVE STES. T AND U</b> <b>LARGO FL 34624</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 *Robert J. Cohen* Date 10-30-97

REGISTERED AGENT MUST SIGN

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: *Robert J. Cohen* Date 10-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/97)



SUNCOAST  
CHIROPRACTIC  
CLINIC P.A.

(2)

October 29, 1997

Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

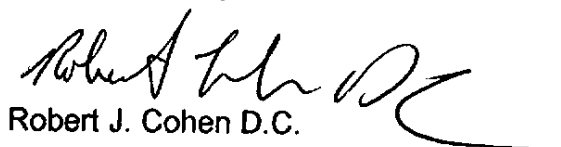
To whom it may concern,

This office has just recieved a notice of adminastrative dissolution or revocation in todays mail. Being new in business, the officer of this company was unfamiliar with the existence of an anual report. Nothing was ever recieved by this office stating the need for such a document. When contacting your office, we were informed that a notice was sent out. It is possible that the wrong zip code was used and that may have possibly been a reason that we did not recieve the notice. Enclosed is a copy of the back page of the notice recieved today, clearly showing that this notice was delayed in getting to this office because of the wrong zip code. The changes have been noted on the application for reinstatement.

This corporation is respectfully requesting that the reinstatement fee be waived. Enclosed is a check for \$165.00 for the corporate supplemental fee and the anual report fee.

Thank you in advance for your cooperation in this matter.

Sincerely,  
Suncoast Chiropractic Clinic P.A.

  
Robert J. Cohen D.C.

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Signature of Registered Agent

*Robert J. Cohen PC*

REGISTERED AGENT MUST SIGN

Date

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**10-30-97**

Date

Daytime Phone #

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