

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000018411**

1. Corporation Name

DR. SUSAN PLAYER, D.C., PA.

2. Principal Office Address

1433 GULF TO BAY BLVD. STE. E

Suite, Apt. #, etc.

E

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Same

Zip

33755

Country

USA

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3373201

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SUSAN PLAYER, D.C.

Street Address (P.O. Box Number is Not Acceptable)

1433 GULF TO BAY BLVD.

Suite, Apt. #, Etc.

"E"

City

CLEARWATER,

State

FL

Zip Code

33755

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-3-03

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	City / State / Zip
Pres	DR SUSAN D. PLAYER, D.C.	1874 STEVENSON AVE	CLEARWATER, FL 33755
Sec	PAUL G. PLAYER	1874 STEVENSON AVE	CLEARWATER, FL 33755
VP & Treas			

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 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]

S.D. PLAYER, D.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-03 7274490121

Daytime Phone #

CR2ED81 (10/02)