

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 28 PM 4:50

DOCUMENT # **096000053472**

1. Corporation Name

CHIRO USA, INC.

REINSTATEMENT *PB*

9702

2. Principal Office Address **63** 3. Mailing Office Address **63**
3855 S. Atlantic Ave. No. 101 **3855 S. Atlantic Ave. No. 101**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach Shores, FL

Daytona Beach Shores, FL

Zip

Country

Zip

Country

32127

U.S.A.

32127

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/96

5. FEI Number

59-3390398

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

Harry W. Brown, Sr.

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

3855 S. Atlantic Ave. No. 101

Suite, Apt. #, Etc.

City

Daytona Beach Shores

State

FL

Zip Code

32127

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

Harry W. Brown Sr.
REGISTERED AGENT MUST SIGN

Date **1/24/02**

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.	Harry W. Brown, Sr.	3855 S. Atlantic Ave. No. 101 63	Daytona Beach Shores, FL 32127
Sec. / Treas.	Nancy S. Brown	3855 S. Atlantic Ave. No. 101 63	Daytona Beach Shores, FL 32127

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:

Harry W. Brown, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02
Date

Daytime Phone #

CR2E081 (9/01)