

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

1997 NOV 18 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074160

1. Corporation Name
1ST CHIROPRACTIC, INC.

Principal Place of Business
5224 SOUTH ORANGE AVENUE #A
ORLANDO FL 32809

Mailing Address
5224 SOUTH ORANGE AVENUE #A
ORLANDO FL 32809



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
Sulte, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/06/1996
5. FEI Number 59-3402690
6. CERTIFICATE OF STATUS DESIRED [X] \$3.75 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for BELIARD, MIRLOURDES at 1621 AMERICANA BLVD. #20H, ORLANDO FL 32809.

600002353346--0
11/20/97-01085-028
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent
OMBRES, ALEXANDER J
801 N. MAGNOLIA AVENUE #201
ORLANDO FL

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
Sulte, Apt. # Etc.
City State Zip Code
FL

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: [Signature]
Date: 11/14/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/97 (407) 888-9894
Date Daytime Phone #

CR2E040 (8/97)