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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

06 FEB 22 AM 10:25

DOCUMENT # 96000081065

1. Corporation Name

Pines West Chiropractic, Inc.  
17035 Pines Blvd.  
Pembroke Pines, FL 33027

2. Principal Office Address

17035 Pines Blvd.

Suite, Apt. #, etc.

1

City & State

Pembroke Pines, FL

Zip

33027

Country

Broward

3. Mailing Office Address

17035 Pines Blvd

Suite, Apt. #, etc.

1

City & State

Florida, Pembroke Pines

Zip

33027

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1996

5. FEI Number

650705019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Buckley Joseph

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

17035 Pines Blvd.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

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]

Date

REGISTERED AGENT MUST SIGN

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
D	Buckley, Joseph	651 S.W. 180th Ave	S.W. Ranches, FL 33331
D	Martinez, Damian	1710 Bay Drive	Miami Beach, FL 33141

REINSTATEMENT 104-06

B 2/23/06

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/06

Daytime Phone #

954 432-3343

1/26/06 psw/L

To whom it may concern,

Please find Corporation Reinstatement form. I had never received a card for renewal.

Thanking you in advance for all your help.

Jay manzini

years not renewed were ~~2004~~  
2005, ~~2006~~