

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000091127**

1. Corporation Name

MIAMI SHORES PAIN RELIEF CENTER, P.A.

Principal Place of Business

Mailing Address

209 NE 95TH STREET
 STE 6
 MIAMI SHORES FL 33138

209 NE 95TH STREET
 STE 6
 MIAMI SHORES FL 33138



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

~~1948 NE 123rd St~~

~~1948 NE 123rd St~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Suite 103~~

~~Suite 103~~

City & State

City & State

~~N. Miami FL~~

~~N. Miami FL~~

Zip

Country

Zip

Country

~~33181~~

~~USA~~

~~33181~~

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

11/06/1996

5. FEI Number

65-0705408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
D	MOSS, RUBEN R D.C.	209 NE 95TH STREET	MIAMI SHORES FL 33138

500002702285--9
 -12/03/98--01094--015
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOSS, RUBEN R D.C.
~~209 N.E. 95TH ST.~~
~~SUITE 6~~
~~MIAMI SHORES FL 33138~~

SAME Registered Agent
NEW Address

Name *Moss Ruben R.D.C*
 Street Address (P.O. Box Number is Not Acceptable) *1948 NE 123rd St*
 Suite, Apt. #, Etc. *Suite 103*
 City *N. Miami* State **FL** Zip Code *33181*

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 REQUIRED

Date

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)(f), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/98 (305) 898-1119
 Date Daytime Phone #

CR2E040 (9/98)

WR

**MIAMI SHORES PAIN RELIEF CENTER
Dr. Ruben R. Moss, D.C.
1948 N.E. 123rd Street, Suite 103
North Miami, Florida 33181
(305) 893-1119**

November 18, 1998

Attention: FLORIDA DEPARTMENT OF STATE

RE: Application for Reinstatement

To whom it may concern:

I Dr. Ruben R. Moss recently moved my office as of April 1, 1998 to a new location:

**Miami Shores Pain Relief Center
1948 N.E. 123rd Street, Suite 103
North Miami, Florida 33181
(305) 893-1119**

I recently in November received a notice of Application of Reinstatement. This is my first time receiving this notice, I spoke to Shawn and per our conversation he stated for me to enclose \$150.00 (one-hundred and fifty dollars) for the reinstatement fee.

Sincerely,



Dr. Ruben R. Moss, D.C.
Chiropractic Physician

RRM/nm