

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097462

1. Corporation Name

David F. Coppola, D.C. & Assoc., Inc.

2. Principal Office Address

195 Giralda Avenue

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33134

Country

USA

3. Mailing Office Address

195 Giralda Avenue

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

65-0711825

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

David F. Coppola

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

195 Giralda Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

600054509566
05/13/05--01046--005 **1500.00

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

4/28/05

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
PSTD	Coppola, David F	8200 SW 148 DR	Palmetto Bay, FL 33158

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] DAVID F. COPPOLA, DC

Date

4/28/05

305-567-1973

Daytime Phone #