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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 97000028572

1. Corporation Name

HANNA CHIROPRACTIC, P.A.

UBR

98-02

2. Principal Office Address

617 TAMiami TRAIL S.

3. Mailing Office Address

617 TAMiami TRAIL S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

Zip

34285

Country

USA

Zip

34285

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1997

5. FEI Number

65-0758208

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

DANIEL L. PREWITT

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

5777 BELLEVA RD. S.

Suite, Apt. #, Etc.

City

SARASOTA FL 34233

State

FL

Zip Code

34233

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

Dan Prewitt

REGISTERED AGENT MUST SIGN

Date

7/28/02

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
PT/ID	STEPHEN C. HANNA	617 TAMiami TRAIL S.	VENICE, FL 34285

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:

Stephen C. Hanna STEPHEN C. HANNA

Date

07/30/02

Daytime Phone #

BD

2012

HANNA CHIROPRACTIC, P.A.

617 South Tamiami Trail
Venice, Florida 34285

August 8, 2002

Florida Department of State
Division of corporations
PO Box 627
Tallahassee, FL 32314

RE: Request for Abatement of Penalty for Corporate Reinstatement
(Doc. # P 97000028572)

To Whom This May concern:

I recently became aware, when I applied for a bank loan, that my corporation Hanna Chiropractic, P.A. was not an active corporation. This took me completely by surprise and when I went to your web site, Sunbiz.org, I saw that it was administratively dissolved in October of 1998. This information stunned me and I called your office and found that I was sent a 1998 Annual Report Form but I did not receive such form. Sometimes my mail is misdelivered to a north Tamiami Trail address and I end up not getting mail.

I wish to reactivate my corporation as soon as possible and I am enclosing the Corporation Reinstatement Form and a check for \$750.00 for the fees for years 1998, 1999, 2000, 2001 and 2002. I hope that you will not penalize me for the additional amount. When you get this letter and if there is no problem in this regard, will you please call me at 941/488-6308 and tell me whatever else I must do to get this reinstated as soon as possible.

Thank you for your time.

Sincerely,



Stephen C. Hanna, D.C.
President