

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03-OCT 24 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048766

1. Corporation Name

Lake Worth Non-Surgical Spinal Care Clinic, Inc.

SR

900024082779
07/24/03--01024--023 **750.00

2. Principal Office Address

2311 Tenth Ave. North

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33461

Country

U.S.A

3. Mailing Office Address

2311 Tenth Ave. North

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33461

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0762485

☒ Applied For
☐ Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

Dr. Sal Pellegrino

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

731 Northeast 32nd Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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]

REGISTERED AGENT MUST SIGN

Date 10/23/03

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
DR	Sal Pellegrino	731 NE 32nd Street	Boca Raton, FL 33431

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

10/23/03

Date

(954)396-3908

Daytime Phone #