

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 12:09

DOCUMENT # **D97000059156**

1. Corporation Name

INVERRARY CHIROPRACTIC CENTER INC

2. Principal Office Address

20381 NE 30 AVE

Suite, Apt. #, etc.

UNIT 110

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

PO Box 800217

City & State

MIAMI FL

Zip

33280-0000

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 8 1997

5. FEI Number

650765364

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

BROOKE A. WHITNEY

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

1130 17 AVE # B

Suite, Apt. #, Etc.

City

HOLLY WOOD

600003305046-3

-06/26/00--01140--006

*****1050.00 ***1050.00**

State
FL

Zip Code

33020

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

Brooke A. Whitney

Date **6/13/2000**

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

PST

ROBERT WHITNEY

20381 NE 30 AVE UNIT 110

AVENTURA FL 33180

JB 6/13/01

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:

Robert Whitney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/2000 9548175957

Date

Daytime Phone #

CR2E081 (9/99)