PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000083751**

1. Corporation Name

BRASS & SINGER, D.C., P.A.

Principal Place of Business	Mailing Address
10071 NW 7TH AVENUE NO. MIAMI FL 33150	10071 NW 7TH AVENUE NO. MIAMI FL 33150

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **09/26/1997**

5. FEI Number: **65-0791181** ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BRASS, H. CRAIG D.C.	10071 NW 7TH AVENUE	NO. MIAMI FL 33150
D	SINGER, TODD J D.C.	10071 NW 7TH AVENUE	NO. MIAMI FL 33150

300023764473
10/13/03--01093--012 **150.00

8. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: ROBERT M KRAMER — Date: 10/10/2003

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED — Date: 10/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRASS/SINGER CHIROPRACTIC CLINIC

H. CRAIG BRASS, D.C.
TODD J. SINGER, D.C.

10071 N.W. Seventh Avenue
Miami, FL 33150
Telephone: (305) 758-1888
Fax: (305) 758-0450

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Corporation name: **Brass & Singer, D.C.,P.A.**
Document number: **P97000083751**

To Whom It May Concern,

Attached, please find our application for reinstatement. At this time we would request that the reinstatement fee be waived as we did not receive the two prior uniform business report notices. As you can see by our record, we have never missed filing a report. Unfortunately, we never received the two notices for this year.

Thank you for your cooperation.

Very Truly Yours,

H. Craig Brass, D.C.

Todd J. Singer, D.C.