PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** Secretary of State REINSTATE DIVISION OF CORPORATIONS 02 NOV 14 AH 9: 17 **DOCUMENT #** SECRETARY OF STATE FALLAHASSISE FLORIDA 1. Corporation Name EDMUND D. BRUNDELL, D.C., P.A. Principal Place of Business Mailing Address 9138 BENITA BEACH RD. 9138 BENITA BEACH RD. **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 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 4. Date Incorporated or Qualified To Do Business in Florida 12/24/1997 5. FEI Number Applied For 59-3489004 Not Applicable 6. \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director **PSTD** Brundell, Edmund D 3665 BONITA BEACH RD. **BONITA SPRINGS FL 34134** 600009005836 11/14/02--01067--009 **150.00 ._ 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent BRUNDELL, EDMUND D 3665 BONITA BEACH RD. **BONITA SPRINGS FL 34134**

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

REGISTERED AGENT MUST SIGN

Date ///8/02

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:

SUMMEDIA PROUBED.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/02 (239) 947-5600 Daylime Phone #



DR. EDMUND D. BRUNDELL

CHIROPRACTIC PHYSICIAN

9138 BONITA BEACH RD., BONITA SPRINGS, FL 34135

TEL: (239) 947-5600 FAX: (239) 947-1445

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32341

November 08, 2002

Re: Corporation Reinstatement

To Whom It May Concern,

Several days ago, this office received a notification informing us that our corporation had been dissolved due to non-payment of 2002 fees. In checking with my office manager, I was informed that we had not received the 2002 notification. Unfortunately, this is not a terrible surprise, we didn't receive our occupational license renewal either. We telephoned that office when one of the staff noticed the license hanging on the wall had expired.

In contacting the reinstatement office, I was informed that, in some circumstances, the late fee may be waived. AS you can tell, we have always paid, on time, since our inception in 1997. The failure to do so in this instance was due to circumstances not of our making and beyond our control. I request that, due to this, the reinstatement fee be waived.

Enclosed you will find the \$150.00 filing fee.

and Offendalo is

Thanking you in advance for your understanding and assistance.

Sincerely,

Edmund D. Brundell DC

EDB/bb

cc: file

ENCL.