

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -6 AM 9:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022222

1. Corporation Name

1st Chiropractic Clinic, Inc.

2. Principal Office Address

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

3. Mailing Office Address

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida March 10, 1998

5. FEI Number

59-349155L

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

Mirlourdes Beliard Hopkins

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

1778 Lee Janzen Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Date

4.2.04

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
P/D	Mirlourdes Beliard Hopkins	1778 Lee Janzen Drive	Kissimmee, Florida 34744

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:

Mirlourdes Beliard Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.2.04

Daytime Phone #

(407)933-8700

CP2E081 (01/04)