

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JAN 28 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 098000034656

1. Corporation Name

ACCURATE CHIROPRACTIC CENTER, INC  
1916 SE PORT ST LUCIE BLVD.  
PORT ST. LUCIE, FL. 34952

2. Principal Office Address

3. Mailing Office Address

1916 SE PORT ST LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST. LUCIE

FLORIDA

Zip

Country

Zip

Country

34952

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/14/1998

5. FEI Number

65-0827131

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

RON SILVERBERG

200011150942

01/28/03--01091--005 \*\*750.00

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

10 SOUTH SEWELLS POINT ROAD

Suite, Apt. #, Etc.

City

SEWELLS POINT

State  
FL

Zip Code

34996

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1/21/03

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
PRES	RON SILVERBERG	10 SOUTH SEWELLS POINT RD.	SEWELLS POINT, FL. 34996
D	" "	" "	" "

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DR. RONALD SILVERBERG, PRES

1/21/03 772-370-2621  
Date Daytime Phone #

CR2E081 (9/01)

Dr. Ronald Silverberg, D.C.  
Accurate Chiropractic Center, Inc.  
1916 S.E. Port St. Lucie Boulevard  
Port St. Lucie, Florida 34952

Phone: (772) 595-0091  
Mobile: (772) 370-2121

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1916 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952

From the desk of:

**Dr. Ronald Silverberg, D.C.**

January 20, 2003

Florida Department of State  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Accurate Chiropractic Center, Inc.  
Reinstatement Fee & Annual Reports

To Whom It May Concern:

Please find enclosed the abovementioned reports and Reinstatement Fee along with the Annual Report Fee and Corporate Supplemental Fee for the above mentioned corporation.

Since we have moved our location we have not received any of the annual corporate report filings necessary to keep our corporation in good standing with the state.

Please note the change of address listed above.

I have enclosed a check for \$750.00 and respectfully submit this letter to you for consideration of a waiver on the additional fees due.

If you should have any questions regarding these reports, please call.

Thank you for your consideration in this matter.

Sincerely Yours,



Dr. Ronald Silverberg, D.C.  
Accurate Chiropractic Center, Inc.