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FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 1. Corporation Name

Principal Place of Business

Mailing Address

2385 HIDDEN LAKE DRIVE  
STE 3  
NAPLES FL 34112

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.

Sulte, Apt. #, etc.

3300 Bermuda Isle Circle #322	3300 Bermuda Isle Cir. #322
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City & State  
Naples, FL

City & State  
Naples, FL

Zip 34109

Country USA

Zip 34109

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

**04/23/1988**

**5. FEI Number**

Applied For	
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59-3507211

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐

**\$6.75** 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)

[illegible]

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name BRALEY R. SMITH  
Street Address (P.O. Box Number is Not Acceptable)  
809 WALKERBILT RD, SUITE 2  
Suite, Apt. #, Etc.  
City NAPLES State FL Zip Code 34112

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.

Signature of Registered Agent Bradley R. Smith  
REGISTERED AGENT MUST SIGN

Date 11-10-99

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: Kenneth G. French, DC 11/8/99 (941) 593-5013

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November 8, 1999

Divisions of Corporation  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: P98000036898  
Naples Chiropractic Center

Dear Sir or Madam:

Please find enclosed a completed re-instatement form along with a check for \$150.00. I did not file my 1999 annual report because I did not receive the form to do so and was unaware of the requirement. I apologize for any inconvenience this may have caused and will be sure to file promptly in future years.

In addition, I have enclosed Articles of Amendment to Articles of Incorporation of Naples Chiropractic Center, Inc.

Please feel free to contact me at (941) 593-5013 if you should need any additional information. Thank you for your understanding in this matter.

Sincerely,



Kenneth G. French, D.C.