

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 15 PM 2:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000036898

1. Corporation Name

NAPLES CHIROPRACTIC CENTER, INC.

Principal Place of Business	Mailing Address
2385 HIDDEN LAKE DRIVE STE 3 NAPLES FL 34112	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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. 3300 Bermuda Isle Circle #322 City & State Naples, FL Zip 34109	Suite, Apt. #, etc. 3300 Bermuda Isle Cir. #322 City & State Naples, FL Zip 34109	04/23/1998
Country USA	Country USA	5. FEI Number 59-3507211
		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

St 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	FRENCH, KENNETH G DC	2385 HIDDEN LAKE DR, STE 3 (See above for change)	NAPLES FL 34112 (See above for change)

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 -11/22/99--01005--002
 ****150.00 ****150.00

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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 BRADLEY 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 34110

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 Date 11-10-99
 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: Bradley R. Smith DC Kenneth G. French, DC 11/8/99 (941) 593-5013
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR25046 (8/99)

②

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.