PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000041982

1. Corporation Name

TOWN AND COUNTRY CHIROPRACTIC, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
c/o Jean Ramirez ~~2570 Fortune Road~~ Suite, Apt. #, etc.	c/o Jean Ramirez ~~2570 Fortune Road~~ Suite, Apt. #, etc.
City & State: Kissimmee, FL 34744	City & State: Kissimmee, FL 32744
Zip: 34744 Country: USA	Zip: 34744 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/8/1998

5. FEI Number: [X] 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: Robert M. Kramer

Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Boulevard

Suite, Apt. #, Etc.: Suite 485 South

City: Hollywood State: FL Zip Code: 33021

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: Robert M. Kramer Date: July 7, 2000

REGISTERED AGENT MUST SIGN

CR2E081 (3/99)

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
D/P/S/T	Jean Ramirez	2570 Fortune Road	Kissimmee, FL 34744
	Prepared by: Robert M. Kramer, Bar No. 181940, 4000 Hollywood Blvd., # 485 So. Hollywood, FL 33021, phone: (954)966-2112		

10. I certify that I am an officer or director or the receivor 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.

AD

SIGNATURE: Jean Ramirez 7/7/00 (407)348-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H00000036245 9

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954)966-2112
Fax Number : (954)981-1605

CORPORATION REINSTATEMENT

TOWN AND COUNTRY CHIROPRACTIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00