PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 AM 8: 08

SECRETARY OF STATE TALLAHASSEE FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E: Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000052322

1. Corporation Name

PARKWAY CHIROPRACTIC, INC.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers And/or Directors Officer and/or Director Officer and/or Director City / State / Zip	1 /4 1/1		10.							
It above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 3. New Malling Office Address, If Applicable 4. Date incorporated or Qualified To De Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must light at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must light at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Street Addresses of Each Officer and/or Directors 8. Street Address of Each Officer and/or Directors 9. STALLINGS, SPICHAEL L 8. STALLINGS, SPICHAEL L 8. STALLINGS, SPICHAEL L 8. STALLINGS, DEBRA L 8. STALLINGS, DEBRA L 8. STALLINGS, DEBRA L 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST-JOE FL 32456 City State Zip Code FL Zip Code Zip Code	Principal Place of Business Mailing Ac			tress						
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Zip Country Zip Country Certificate of Status DesireD Country Certificate of Status Officer and Certificate of Status Officer Certificate Officer Officer Certificate Officer Office	City & State Cit		City & State	City & State			FO 0500005			
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip PD STALLINGS, SPICHAEL L 6031 E HWY 98 PANAMA CITY FL 32404 VSTD STALLINGS, DEBRA L 6031 E HWY 98 PANAMA CITY FL 32404 11 0023742791 10/21/03~01077~004 **150.00 11 0023742791 10/13/03~01012~123 ***500,00 10 023742791 10/13/03~01012~123 ***500,00 10 023742791 10 023742791 10/13/03~01012~123 ***500,00 Street Address of New Registered Agent Name COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST JOE FL 32436 City State Zip Code FL Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent	Zip	Country	Zip		_Country	·				
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8. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST-JOE FL-32456 Signature of Registered Agent Agent Address of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Agent Address Agent Agent Address Agent Address (P.O. Box Number is Not Acceptable) Date 10/9/03 Date 10/9/03 Date 10/9/03	PD	STALLINGS, SPICHAEL L	TALLINGS, SPICHAEL L		IWY 98			PANAMA CITY FL 32404		
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Signature of Registered Agent Date 10/9/03	•				City					
REGISTERED AGENT MUST SIGN	Signature	or JEIGNA	pove named corpo	oration, am fi	amiliar wit	th and accept the o	bligations of Sec	tion 607.0505, F.S. or 617.050	5, F.S.	
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 filling		, ,								

1. 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

10/9/03 (850)874-1424