

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063001

1. Corporation Name

FLORIDA CHIROPRACTIC CLINIC P.A.

08 MAY - 6 FILED 99-08
SECRETARY OF STATE
REINSTATEMENT
W/O FEE
200128662892
05/06/08--01029--021 **1552.50

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

3230 E. 15TH ST.

Suite, Apt. #, etc.

SUITE C

City & State

PANAMA CITY, FL.

Zip

32405

Country

U.S.

3. Mailing Office Address

3230 E. 15TH ST.

Suite, Apt. #, etc.

SUITE C

City & State

PANAMA CITY, FL.

Zip

32405

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/1998

5. FEI Number

59-3523209

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

ISA BELION D.C.

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

3230 E. 15TH ST.

Suite, Apt. #, Etc.

SUITE C

City

PANAMA CITY

State

FL

Zip Code

32405

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/24/08

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
PD	ISA BELION	3230 E. 15 TH ST. SUITE C	PANAMA CITY, FL 32405

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 contained in Chapter 119, 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

Date

4/24/08

Daytime Phone #