

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089784

1. Corporation Name

EDELSON CHIROPRACTIC CLINIC, INC.

Principal Place of Business

9009 SEMINOLE BLVD. #1  
SUITE 2B  
SEMINOLE FL 33772

Mailing Address

9009 SEMINOLE BLVD. #1  
SUITE 2B  
SEMINOLE FL 33772

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1998

5. FEI Number

59-3538325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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
CEO	LINDSEY, PATRICK	953 REDFIELD RD APT E	BEL AIRE MD 21014
P	EDELSON, STEVEN G	4004 W SANTIAGO ST	TAMPA FL 33629
S	EDELSON, ELIZABETH	4004 W SANTIAGO ST	TAMPA FL 33629

400009434784  
12/10/02--01049--002 \*\*150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

BRIAN COURTNEY  
Asst. V. Pres

REGISTERED AGENT MUST SIGN

Date

12/9/02

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:

STEVEN G. EDELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/2002

Daytime Phone #

(727) 391-0221

# Edelson Chiropractic Clinic

9009 Seminole Blvd. Suite 2-B Seminole, Florida 33772 (727)391-0221  
4250 Bay to Bay Blvd. Tampa, Florida 33629 (813)495-0526 fax (727)398-5795

12/08/2002

Florida Division of Corporations

Re: Reinstatement of Edelson Chiropractic Clinic S Corp

To whom it may concern:

I did not receive my Uniform Business Report to reinstate my corporation. It could be that we are now in suite 2B rather than in suite 1. Please waive the penalty fee. I am enclosing the \$150 fee for reinstatement. Thank you.

Please do not hesitate to contact me if you require further information.

Sincerely,



Steven G. Edelson, M.S.W., D.C.  
Chiropractic Physician