

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000093112

1. Corporation Name

Oakland Park Chiropractic, Inc.

2. Principal Office Address

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

3. Mailing Office Address

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida November 3, 1998

5. FEI Number

65-0890043

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

Mirlourdes Beliard Hopkins

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

1778 Lee Janzen Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

[Signature]

Date

4.2.04

REGISTERED AGENT MUST SIGN

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
P/D	Mirlourdes Beliard Hopkins	1778 Lee Janzen Drive	Kissimmee, Florida 34744

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application, the reason for dissolution has been eliminated, the corporation owned by the corporation have been paid and the names of individuals listed on this form on this application is true and accurate, and my signature shall have the same legal effect

7, F.S. I further certify that when filing
.0401 or 617.0401, F.S., that all fees
07(3)(i), F.S. The information indicated

SIGNATURE:

[Signature]
Mirlourdes Beliard Hop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 933-8100

Daytime Phone #

FILED

04 APR -6 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500032248755
04/03/04--01003--017 **4650.00

REINSTATEMENT 00-04

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