

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2007 JUN 13 AM 10:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P 98 00 00 9 3 4 5 6

1. Corporation Name Chiro-Lease, Inc.

2. Principal Office Address - No P.O. Box # 147 Garfield Drive

3. Mailing Office Address 40 Denman + Co LLP 1601 22nd St., Suite 400

City & State Sarasota, FL

City & State West Des Moines IA

Zip 34236 Country USA

Zip 50266 Country USA

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REINSTATEMENT 04-07

4. Date Incorporated or Qualified To Do Business in Florida 11/02/98

5. FEI Number 65-0872891

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [1] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Douglas L. Yanna Street Address (P.O. Box Number is Not Acceptable) 147 Garfield Drive

City Sarasota State FL Zip Code 34236

[X] 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 [Signature] Date 6-6-07 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, Douglas L. Yanna, 147 Garfield Drive, Sarasota FL 34236

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: Douglas L. Yanna [Signature] Date 6-6-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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