

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000095195

1. Corporation Name

WHOLE HEALTH CHIROPRACTIC & WELLNESS INC.

Principal Place of Business

654 N UNIVERSITY DR
PEMBROKE PINES FL 33024

Mailing Address

654 N UNIVERSITY DR
PEMBROKE PINES FL 33024

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

11/10/1998

5. FEI Number

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BLANCO, OLIVIO O JR	11041 SW 59 TERR	MIAMI FL 33173
VSD	MOSSE, CAROL R	654 N UNIVERSITY DR	PEMBROKE PINES FL 33024
VSD	Mosso, Carl R	1054 N University Dr	Pembroke Pines FL "
PTD	Blanco, Olivio O Jr	1054 N University Dr	Pembroke Pines FL "
			100003436191--4
			-10/24/00--01019--019
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

BLANCO, OLIVIO O
11041 SW 59 TERRACE
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

Blanco, Olivio O Jr

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

1054 N University Drive

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/11/2002

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/2002

Daytime Phone #

FILED

00 OCT 16 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

SP

CR2E040 (8/00)