

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097887

1. Corporation Name

South Lake Chiropractic, P.A.

REINSTATEMENT 03-04

700030502947
03/16/04--01018--010 **300.00

2. Principal Office Address

255 W. Highway 50

Suite, Apt. #, etc.

3. Mailing Office Address

255 W Highway 50

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34711

Country

USA

City & State

Clermont FL

Zip

34711

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/17/1998

5. FEI Number

59-3546822

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

Larry L. Oexner D.C.

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

255 W. Highway 50

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Larry L. Oexner D.C.

REGISTERED AGENT MUST SIGN

Date 03-08-04

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 |
|--------|--------------------------------------|---|--------------------|
| D | Larry L. Oexner D.C. | 255 W. Highway 50 | Clermont FL 34711 |
| | | | |
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| | | | |
| | | | |

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 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:

LARRY L. OEXNER, D.C.

Date

03-08-04

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2081 (01/04)

SOUTH LAKE CHIROPRACTIC , P.A.

255 W. Highway 50
Clermont, FL 34711
(352)394-4615

February 26, 2004

RE: Reinstatement of Corporation

FEIN: 59-3546822

Document # P98000097887

Dear Gentlemen,

Please find enclosed, a corporate reinstatement form along with a check in the amount of \$300. This is for the regular renewal fee for 2003 & 2004.

Due to our business moving in 2003 to a new location, we did not receive a renewal form for 2003 or 2004. This has just been brought to our attention, and we are trying to get this matter corrected.

Due to these circumstances, we would like to request that the reinstatement fee be waived. If there is anything further that we should do, please notify us so that we may comply.

Thank you for assistance in this matter.

Sincerely

Larry L. Oexner D.C.

Larry L. Oexner D.C.