

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 9:34

DOCUMENT # P99000004413

1. Corporation Name

SOUTH BREVARD CHIROPRACTIC AND
WELLNESS CENTER, INC.

2. Principal Office Address

1990 W. NEW HAVEN AVE.

Suite, Apt. #, etc.

SUITE # 102

City & State

MELBOURNE, FLORIDA

Zip

Country

32904

3. Mailing Office Address

1501 R.J. CONLAN BLVD.

Suite, Apt. #, etc.

SUITE # 3

City & State

PALEMBAY, FLORIDA

Zip

Country

32905

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/15/99

5. FEI Number

59-3552434

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

KANCILIA, JOHN K. ESQ.

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

1800 WEST HIBISCUS BLVD.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

000003996350-9

04/13/01 01026-002

****908.75 ****908.75

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]

REGISTERED AGENT MUST SIGN

Date 3-29-01

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/S	CIANFROGNA, LOUIS V.	815 S. WASHINGTON AVE.	TITUSVILLE, FL. 32782
V/T	GLEASON, JAMES S.	203 NESBITT ST. N.E.	PALM BAY, FL. 32907

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. GLEASON

Date

03/29/01 (321) 725-5200

Daytime Phone #

CR2E081 (9/00)