Rosie Velazquez
Requester's Name

[illegible] West 5th Street
Address

Miami, FL 33165
City/State/Zip Phone #

No Return

P99000013640

900004567869--6
-03/04/01--01089--028
****122.50 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

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☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

P99000013640
ODES 3pg
9-7-01

Examiner's Initials

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

I, Rooie Velazquez, hereby resign as Director/Incorporator
(Title)

of Drexel Chiro. & Rehab INC.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Rooie Velazquez
(Signature of resigning officer/director)

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FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044(9/98)