

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

102  
FILED

01 OCT 26 PM 4: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036993

1. Corporation Name

SCHNIPIPER CHIROPRACTIC CENTER INC.

Principal Place of Business

Mailing Address

4623 FOREST HILL BLVD.  
SUITE 101  
WEST PALM BEACH FL 33415

4623 FOREST HILL BLVD.  
SUITE 101  
WEST PALM BEACH FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6334 Forest Hill Blvd.

Suite, Apt. #, etc.

City & State  
Greenacres, Florida

Zip  
33415

Country  
USA

3. New Mailing Office Address, If Applicable

6334 Forest Hill Blvd

Suite, Apt. #, etc.

City & State  
Greenacres, Florida

Zip  
33415

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1999

5. FEI Number

65-0914885

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SCHNIPIPER, BRIAN R	1743 VILLAGE BLVD 304	WEST PALM BEACH FL 33409

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\*\*\*158.75 \*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIESLING, ROBERT A  
1101 N CONGRESS AVE #204  
BOYNTON BEACH FL 33428

Name  
Brian R. Schnipper

Street Address (P.O. Box Number is Not Acceptable)  
6334 Forest Hill Blvd.

Suite, Apt. #, Etc.

City  
Greenacres

State  
FL

Zip Code  
33415

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

Brian R. Schnipper

Date 10/22/01

REGISTERED AGENT MUST SIGN

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:

Brian R. Schnipper

Date

Daytime Phone #

10/22/01 561-967-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 22, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Schnipper Chiropractic Center, Inc.  
Document Number: P99000036993

Dear Representative:

We are in receipt of your notice indicating that the Florida Division of Corporations did not receive the 2001 Uniform Business Report for Schnipper Chiropractic Center, Inc. (hereinafter "the Company") and has since dissolved the corporation.

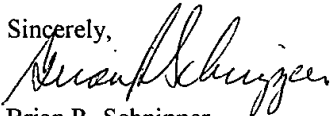
In response to your notice, please find attached the completed form Revocation of Dissolution of Profit Corporation with a check for \$158.75, the cost of the annual filing fee plus the cost of Certificate of Status.

We respectfully request if you could accept the enclosed check of \$158.75 to reinstate Schnipper Chiropractic Center, Inc. The Company did not receive any of the documentation to renew its filing fee with the State of Florida due to the fact that the company had changed office locations and did not receive any of its mail from its former location, until very recently. Please note that the address of the former office location is the one listed on the original incorporation documents. Furthermore, the Company's registered agent did not notify Schnipper Chiropractic Center, Inc. of its address changing responsibility with the Division of Corporations when it changed office locations last year.

Therefore, we ask if the Division of Corporations could reinstate Schnipper Chiropractic Center, Inc. on the basis that the Taxpayer had in no way intended to avoid the annual filing fee. The Company files all quarterly reports on a timely basis and once the Company received notice from the Division of Corporations that its company was dissolved due to the nonpayment of the annual filing fee, the Company took immediate steps to submit the enclosed documentation.

If you have any questions, please call me at (561) 967-5900.

Sincerely,



Brian R. Schnipper  
President

Enclosures

2002