

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000043110**

1. Corporation Name

ALEXANDER CHIROPRACTIC INC.

Principal Place of Business

~~801 GEORGE BUSH BLVD.~~
~~DELRAY BEACH FL 33483~~

Mailing Address

~~801 GEORGE BUSH BLVD.~~
~~DELRAY BEACH FL 33483~~

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

2. New Principal Office Address, If Applicable

75 N.E. 6th Avenue

Suite, Apt. #, etc.

111

City & State
DeLray Beach, FL

Zip
33483

Country
USA

3. New Mailing Office Address, If Applicable

75 N.E. 6th Avenue

Suite, Apt. #, etc.

111

City & State
DeLray Beach, FL

Zip
33483

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1999

5. FEI Number

65-0915851

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
PD	ALEXANDER, ANN	801 GEORGE BUSH BLVD.	DELRAY BEACH FL 33483
STD	MEEKS, GERALD E.	801 GEORGE BUSH BLVD.	DELRAY BEACH FL 33483
PD	Alexander, Stephen	75 N.E. 6th Ave # 111	DeLray Beach FL 33483

400009167224

11/22/02--01038--005 **758.75

8. Name and Address of Current Registered Agent

~~MATHEWS, GEORGE W III~~
~~1325 SO. CONGRESS AVENUE~~
~~BOYNTON BEACH FL 33426~~

9. Name and Address of New Registered Agent

Name

Stephen L Alexander

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

75 N.E. 6th Avenue

Suite, Apt. #, Etc.

111

City

DeLray Beach

State

FL

Zip Code

33483

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/12/02**

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

11/12/02 561-266-2007

Date

Daytime Phone #

CR2E040 (8/02)