PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -4 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055913

**1.** Corporation Name

APG CHIROPRACTIC, P.A.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 3000 N. University Dr. | 3000 N.University Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite A | Suite A |
| City & State | City & State |
| Coral Springs, Fl. | Coral Springs, Fl. |
| Zip: 33065 Country: USA | Zip: 33065 Country: USA |

000015320920
04/04/03--01060--010 **300.00

**4.** Date Incorporated or Qualified To Do Business in Florida 6/21/99

**5.** FEI Number 65-0928380 ☐ 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: Gallo, Anthony

Street Address (P.O. Box Number is Not Acceptable): 3000 N. University Drive

Suite, Apt. #, Etc.: Suite A

City: Coral Springs, State: FL Zip Code: 33065

**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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| PTD. | GALLO, ANTHONY | 7932 W. Sample Road | Margate, Fl. 33065 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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:** D. Anthony P. Gallo 4/2/03 (954) 752-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

04/02/03

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: APG Chiropractic, P.A.
Doc # P99000055913

To Whom It May Concern:

We are enclosing a copy of the application for corporate reinstatement for our client, APG Chiropractic, P.A.

We are providing a check for the 2 years and have not included the penalty as the report had been sent to an old address and the forwarding had expired.

Therefore we are requesting reinstatement on behalf of APG Chiropractic, P.A. based on the change of address.

Should you have any questions, please contact my office.

Thank you,
Sincerely,

David Hernandez