

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000073024**

**1. Corporation Name**

First Chiropractic Clinic of Orlando, Inc.

**2. Principal Office Address**

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

**3. Mailing Office Address**

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

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

August 16, 1999

**5. FEI Number**

59-3592698

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

Mirlourdes Beliard Hopkins

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

1778 Lee Janzen Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

**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]*

Date

4-2-04

REGISTERED AGENT MUST SIGN

**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/D	Mirlourdes Beliard Hopkins	1778 Lee Janzen Drive	Kissimmee, Florida 34744

**10. I certify that I am an officer or director or the receiver or trustee empowered to e**  
this reinstatement application, the reason for dissolution has been eliminated, th  
owed by the corporation have been paid and the names of individuals listed on th  
on this application is true and accurate, and my signature shall have the same leg

**SIGNATURE:**

*Mirlourdes Beliard Hopkins*  
Mirlourdes Beliard Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O.

7 or 617, F.S. I further certify that when filing  
on 607.0401 or 617.0401, F.S., that all fees  
n 119.07(3)(i), F.S. The information indicated

4 (407)933-8700

Daytime Phone #

FILED

04 APR -6 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000032248782  
04/09/04--01003--017 \*\*\*4650.00

REINSTATEMENT

04/09/04--01003--017 \*\*\*4650.00

CR02081 (01/04)