

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FD

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 31 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000079138
OAKLAND PARK CHIROPRACTIC CLINIC, INC.

200032229062
04/09/04--01003--015 **900.00

REINSTATEMENT 03-04

2. Principal Office Address

1778 LEE JANZEN DRIVE

3. Mailing Office Address

1778 LEE JANZEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

Zip

34744

Country

U.S.A

Zip

34744

Country

U.S.A

4. Date Incorporated or Qualified

To Do Business in Florida 09/07/1999

5. FEI Number

59-3596523

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

BELIARD, MIRLOURDES

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

Date MARCH 26, 2004

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	BELIARD, MIRLOURDES	1778 LEE JANZEN DRIVE	KISSIMMEE / FLORIDA / 34744

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2004 (407) 933-8700

Date

Daytime Phone #

CR2E081 (01/04)