

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 19 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 199000083709

1. Corporation Name

AUDETTE CHIROPRACTIC, P.A.

2. Principal Office Address

1672 SHARPTON TRAIL

Suite, Apt. #, etc.

City & State

LAWRENCEVILLE, GA

Zip

Country

30045-6555

U.S.A.

3. Mailing Office Address

1672 SHARPTON TRAIL

Suite, Apt. #, etc.

City & State

LAWRENCEVILLE, GA

Zip

Country

30045-6555

U.S.A.

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPTEMBER 20, 1999

5. FEI Number

59-3473243

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

MICHELLE CEFOLIA

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

2549 S.E. TRAIL AVENUE

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

800030790528

03/19/04-01014-003 \*\*90000.00

800030790528

03/19/04-01014-003 \*\*900.00

State  
FL

Zip Code

34952

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

Michelle Cefolia

REGISTERED AGENT MUST SIGN

Date 3/15/04

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
<u>PRES</u>	<u>SUE AUDETTE</u>	<u>1672 SHARPTON TRAIL</u>	<u>LAWRENCEVILLE, GA 30045</u>

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:

Sue Ellen Audette SUE ELLEN AUDETTE

3/15/04

770-560-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #