

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 26 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096236

1. Corporation Name **BUSINESS SERVICE GIRON, CORP.**

2. Principal Office Address

3534 CANEL ROAD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

Zip

33461

Country

3. Mailing Office Address

P.O. Box 17712

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33416

Country

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

10/13/99

5. FEI Number

65-0970355

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

PEDRO J. ABREU

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

3534 CANEL ROAD

Suite, Apt. #, Etc.

City

LAKE WORTH, FLORIDA

State

FL

Zip Code

33461

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)

REGISTERED AGENT MUST SIGN

Date

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
VP	PEDRO J. ABREU	3534 CANEL ROAD	LAKE WORTH, FL 33461
S	ANA D. ABREU	3534 CANEL ROAD	LAKE WORTH, FL 33461
T	JUAN M. ABREU	3534 CANEL ROAD	LAKE WORTH, FL 33461

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

PEDRO J. ABREU

Date

7/23/02

Daytime Phone #

CR2E081 (9/01)

x 7/30/02

Cornerstone Chiropractic Center

Dr. Kelly P. Courtney, D.C.

5119 Commercial Way (U.S. 19)

Spring Hill, FL 34606

Phone: 352-596-8158

July 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that we have not been in receipt of any required uniform business reports. Therefore, please waive any additional fees for Cornerstone Chiropractic Center, P.A.

No previous notices of any kind have arrived to Cornerstone Chiropractic Center's mailing address. Thank you for your consideration in this matter.

Cordially,



Kelly P. Courtney
President
Cornerstone Chiropractic Center, P.A.