PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE		FLORIDA DEPARTMENT OF ST. Katherine Harris Secretary of State	ATE	02 JUL 26 AM 8:51	
		DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	٠
DOCUMEN	IT# P990000	096236		ALLAHAOSEE, FLORIUA	
1. Corporation Name	BUSINESS SI	SENCE GIRON, CORT	. [
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			•	•	
2. Principal Office Add	dress	3. Mailing Office Address	-	•	
3534 CA	NEL DOAD	P.O. BOX 17712			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. Date Inc	orporated or Qualified	
City & State		City & State	→To Do B	usiness in Florida 10 13 99	
LAKENDA	H. FLORIDA	WEST PALM BULL FL	5. FEI Num	Applied F - 0970355 Not Applie	
33461	Country	Zip Country	l 6.	\$8.75 Additional Fee re	ouired
<u> </u>		32年に 7. Name and Address of Current Ri	<u> </u>	for a Certificate of St	atus
Name	<u> </u>	Name and Addition of Garlett Ad	egistered Agent		
	dress (P.O. Box Number is No	RREU pt Acceptable)		"0000685258 7-	
35	34 CANEL T	20KD		-08/01/0201042 - -00	11
. Suite, Ap	t. #, Etc.	*		****450.00 **********************************	
				**************************************	.00
City				State Zip Code	80
LAK	E WART F			State Zip Code	
I, being appointed th		ve named corporation, am familiar with and accept	t the obligations of sec	State Zip Code	
I, being appointed the	ne registered agent of the abov	ve name corporation, am familiar with and accept	t the obligations of sec	State Zip Code	
I, being appointed the signature of Registered Ager	ne registered agent of the abov	re named corporation, am familiar with and accept		State Zip Code FL 3346	
I, being appointed the signature of Registered Ager	REI Addresses of Each Officer and/	GISTERED AGENT MUST SIGN for Director (Florida nonprofit corporations must lise	st at least 3 directors)	State Zip Code FL 33461 stion 607.0505 or 617.0503, F.S.	
J. I, being appointed the signature of Registered Agents. Names and Street A	REAddresses of Each Officer and	GISTERED AGENT MUST SIGN for Director (Florida nonprofit corporations must lise Street Address of Officer and/or D	st at least 3 directors) f Each irector	State Zip Code FL 3346 stion 607.0505 or 617.0503, F.S. Date	
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B. I, being appointed the Signature of Registered Agents 3. Names and Street A Titles 7. Titles 9. I certify that I am an a this reinstatement ap owed by the corporat on this application is 6. IGNATURE: 1. Death of the corporation of this application is	Name of Officers and/or Directors Officers and/or Directors ABPE Officer or director or the receiving polication, the reason for dissolution have been paid and the nature and accurate, and my/signal.	GISTERED AGENT MUST SIGN for Director (Florida nonprofit corporations must lis Street Address o Officer and/or D 3534 Chree Por 3544 Chree Por 3554 Chree	st at least 3 directors) If Each irector ID In as provided for in chaisfies the requirements	State Zip Code FL 3346 State 7346 State 7346 City / State / Zip City / State / Zip	

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.

Carlos Joseph Carlotte Grand March 2017

Cordially,

Kelly P. Courtney

Kelly P Courtney

President

Cornerstone Chiropractic Center, P.A.