

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
ANDRA B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 21 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 503452

1. Corporation Name
WESTON CHIROPRACTIC CENTRAL ONE, INC.

Principal Place of Business Mailing Address
1875 NORTH CORPORATE LAKES BOULEVARD
WESTON, FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
SEE ABOVE

3. New Mailing Office Address, If Applicable
SEE ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida
10/2/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0225820

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	JOHN FRANCAVILLA	2325 DESOTO DRIVE	FORT LAUDERDALE, FL 33301

8. Name and Address of Current Registered Agent

JOHN FRANCAVILLA
2325 DESOTO DRIVE
FORT LAUDERDALE, FL 33301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

< 10-1547- < 954-384-7116

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John Francavilla
2325 Desoto Drive
FORT LAUDERDALE, FLORIDA 33301

October 16, 1997

Department of State
Division of Corporations
Attention: Leslie
409 East Gaines Street
Tallahassee, FL 32399

RE: Corporate Reinstatements

Dear Leslie:

Per your discussions with my attorney, Anthony G. Coleman, Jr., please reinstate Weston Chiropractic Center One, Inc., applying the payment that has been credited to document #P9600000097848(1). The annual report for same was filed incorrectly by my offices and I apologize for the inconvenience this has caused. Additionally, please reinstate Weston Chiropractic Centre, Inc. Payment in the amount of \$750.00 is enclosed herewith.

Thank you for your anticipated cooperation in this matter. Any efforts to expedite these matters will be greatly appreciated.

Sincerely,


John Francavilla, President