FILED

03 JUN 10 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01-07

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07129

1. Corporation Name
DAVID C. ANTHONY, D.C. P.A.

2. Principal Office Address	3. Mailing Office Address
124 LEE BLVD	124 LEE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State: LEHIGH ACRES, FL
Zip: 33936 Country: LEE	Zip: 33936 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 10/19/1990

5. FEI Number: 65-0232630 ☐ 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: DAVID C. ANTHONY

800020754248
06/10/03--01042--010 **450.00

Street Address (P.O. Box Number is Not Acceptable): 419 LAKE AVE

Suite, Apt. #, Etc.:

City: LEHIGH ACRES State: FL Zip Code: 33972

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: David C. Anthony, DC Date: 6-5-03
REGISTERED AGENT MUST SIGN

CR2E031 (1/00)

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	DAVID C. ANTHONY	419 LAKE AVE	LEHIGH ACRES, FL 33972

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: David C. Anthony, DC 6-5-03 (239) 368 6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/11

David C. Anthony, D.C.
124 Lee Blvd
Lehigh Acres, FL 33936

June 5, 2003

Department of State Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement
Document Number: S07129

To Whom It May Concern:

Please be advised that we did not receive our notification of annual report in the year 2001. We would like to request a waiver of fees associated with reinstating our corporate status.

Sincerely,

David C. Anthony, D.C.