

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Katherine H. ...
Secretary of
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42598**

1. Corporation Name

MARINER CHIROPRACTIC CENTER, INC.

Principal Place of Business

2127 MARINER BLVD
SPRING HILL FL 34609

Mailing Address

2127 MARINER BLVD
SPRING HILL FL 34609

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

2. New Principal Office Address, If Applicable

10543 CHALMERS ST

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34609

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1991

5. FEI Number

59-3066239

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | MACK, RONALD | 2127 MARINER BLVD | SPRING HILL FL |
| VSD | MACK, GRETA | 2127 MARINER BLVD | SPRING HILL FL |
| | | | |
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01/10/02-01030-008

****750.00 ****750.00

8. Name and Address of Current Registered Agent

MACK, RONALD
2127 MARINER BLVD
SPRING HILL FL 34609

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/1/01

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/01

Daytime Phone #

352-688-9661

CH2E040 (8/01)