

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47707

1. Corporation Name

Robert M. Copp, D.C., Inc.

2. Principal Office Address - No P.O. Box #

1138 Harrison Avenue

3. Mailing Office Address

1138 Harrison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401

Country

USA

Zip

32401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/91

5. FEI Number

59-3065400

☐ 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

Pyne Law Group, P.A. c/o Laura Pyne

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

2309 Frankford Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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] PYNE LAW GROUP, P.A.
REGISTERED AGENT MUST SIGN

Date 2/2/11

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
D	Robert M. Copp	1138 Harrison Avenue	Panama City, FL 32401

10. E-mail Address: familychiro@knology.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/11

Date

850-769-3602

Daytime Phone #

FILED

11 FEB 11 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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