. INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT **DOCUMENT #** 1. Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

S59435

MARCUS CHIROPRACTIC CLINIC, INC.

Principal Place of Business

Mailing Address

3201 66TH STREET N ST PETERSBURG FL 33710 3201 66TH STREET N ST PEYERSBURG FL 33710 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

·	ddresses are	Incorrect in any way, li	ine through incorrect in	nformation	and enter correction b	elow.		STATEME		_
2. New Principal Office Address, If Applicable				New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/13/1991			
Suite, Apl. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number			Applied For
City & State		City & State	City & State				59-3076137	10 0	Not Applicable	
Zip	.,	Country	Zip		Country		6. CERTIFICA	ATE OF STATUS DESIRED	\$8,75 Add	ditional Fee requires ruffcate of Status
7. Names	and Street Ad	dresses of Each Office	r and/or Director (Flo	rida nonpro	ofit corporations must	list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I			City / State / Zip				
D MARCUS, MARTIN			3201 GOTH STREET N			ST PETERSBURG FL				

		****375.00 ****375.00						
	<u>, </u>							
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ı		9612-4-96						
	8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent						
		Name						
RAA	IRCUS, MARTIN							
	01 66TH STREET N	Street Address (P.O. Box Number is Not Acceptable)						
ST	PETERSBURG FL 33710	Suite, Apt. #, Etc.						
		City State Zip Code FL						
10 1, 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 Plantin / Vancus Date 11-24-96								
REGISTERED AGENT MUST SIGN								

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

(See other side for information on intangible tax.)

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12. I contry 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 eath.

SIGNATURE: