FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DMSCN OF CORPORATIONS  DIEC 14 AM 11: 57  DOCUMENT # \$84728  1. Corporation Name  ANTAMI CHIROPRACTIC ASSOCIATES, INC.  DIEC 14 AM 11: 57  DIEC 15 AM 11: 57  DIEC 14 AM 11: 57	. چېسمول ایسان	P	LEASE READ	ALL INSTRUC	TIONS BEFORE C	OMPLET	TING THIS FORM.	
1. Corporation Name  MIAMI CHIROPRACTIC ASSOCIATES, INC.  2. Findings Office Address 320 N. BEGWARD BLVD. 320 N. BEGWARD BLVD. 3520	CORPORATION REINSTATEMENT		<b>Kathe</b> Secret	Katherine Harris Secretary of State		OF DEC 14 AMILES	The state of the s	
MIAMI CHTROPRACTIC ASSOCIATES, INC.  -12/26/0101095-020 -12/26/01010			# S84728				an 11:27	
3520 M. BROWARD BLVD.  3520 M. BROWARD BLVD.  SUITE 105  SUITE 105  City & State  Country  Jay  Country  Jusa  7. Name and Address of Current Registered Agent  Name  DAVID L. HIRSCHENSON  Street Address (P.O. Box Number is Not Acceptable)  333312  Suite, Apt #, etc.  SITE 105  City  FORT LAUDERDALE  8. I, being appointed the registered agent of the afore named corporation, am familiar with and accept the obligations of section 607 0505 or 617,0503, F.S.  Signature of Registered Agent  Registered Agent X  Registered Agent X  Registered Agent Number is Read to Corporation, am familiar with and accept the obligations of section 607 0505 or 617,0503, F.S.  Date X Laura / Date X  Registered Agent X  Registered Agent Number is Registered Agent Officer and/or Director (Fordia nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director City Fordia nonprofit corporations must list at least 3 directors  Name of Officers and/or Director City Fordia nonprofit corporations must list at least 3 directors  Date X Laura / Date X  Advised Fordia Registered Agent Number is Registered Agent Registered Registere			OPRACTIC AS:	SOCIATES, I	NC.		****750.00 ****750.00	
3520 W. BROWARD BLVD.  3520 W. BROWARD BLVD.  SUITE 105  City & State  City & State & City &	2. Principa	al Office Addr	ess	3. Mailing Office Address		RES		
SUITE 105  City & State  Country  City City  City City  City City  City City  City City  City City  City  City City  City						]		
City & State  FORT LAUDERDALE FL  Zip  Country  Zip  Country  USA  33312  T. Name and Address of Current Registered Agent  Name  DAVID L. HERSCHENSON  Street Address of Po. Box Number is Not Acceptable)  3520 W. BROWARD BLVD.  Suite, Apt #. Elic.  SUTTE 105  City  PORT LAUDERDALE  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, FS.  Signature of Registered Agent X  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  David L. HIRSCHENSON  3520 W. BROWARD BLVD.  Site X 1 2 10 Code  FL 33312  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, FS.  Date X 1 2 10 August Agent Agent Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  David L. HIRSCHENSON  3520 W. BROWARD BLVD., HI.105  FORT LAUDERDALE, FL 33312  40. DAVID L. HIRSCHENSON  3520 W. BROWARD BLVD., HI.105  FORT LAUDERDALE, FL 33312  40. DAVID L. HIRSCHENSON  3520 W. BROWARD BLVD., HI.105  FORT LAUDERDALE, FL 33312						4. Date Incom	porated or Qualified	
FORT LAUDERDALE FL  Zip Country  Zip Country  33312  To Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  DAVID L. HIRSCHENSON  Street Address (P.O. Box Number is Not Acceptable)  3520 W. BROWARD BLVD.  Suite, Apt. #. Etc.  SUITE 105  City  FORT LAUDERDALE  8. I, being appointed the registered Agent MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Fonda nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  DAVID L. HIRSCHENSON  3520 W. BROWARD BLVD., #1105  FORT LAUDERDALE  7. State   Zip Code  FL   33312  8. I, being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  Date X Laura  8. In being appointed the registered Agent X  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Fonda nonprofit corporations must list at least 3 directors)  8. In being appointed the registered				01. 00. 1			10/02/91	Contract on the Contract
33312 USA  33312 USA  To see the control of Status and Address of Current Registered Agent  To see the control of Status and Address of Current Registered Agent  To see the control of Status and Address of Current Registered Agent  To see the Address (PO. Box Number is Not Acceptable)  3520 W. BROWARD BLVD.  Suite, Apt M, Ric.  SUITE 105  City FORT LAUDERDALE  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 X  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  City / State / Zip  D DAVID L. HIRSCHENSON  3520 W. BROWARD BLVD., #105  FORT LAUDERDALE, FL 33312  10. Lordifly 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, FS. I further certify that when filling this reinstatement application. The reason for disabetion has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, FS. I faither certify that when filling this reinstatement application. The reason for disabetion has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, FS.				<del></del>	<del>~~~~~</del>	65-02916	<del>-  </del>	Charles Man
7. Name and Address of Current Registered Agent Name DAVID L. HIRSCHENSON Street Address (P.O. Box Number is Not Acceptable) 3520 W. BROWARD BLVD. Suite, Apt M. Etc. SUITE 105 City FORT LAUDERDALE  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 X REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director DAVID L. HIRSCHENSON 3520 W. BROWARD BLVD., #105 FORT LAUDERDALE, FL 33312			·	'	·		S8.75 Additional Fee required for a Certificate of Status	Alice Services
DAVID L. HIRSCHENSON  Street Address (P.O. Box Number is Not Acceptable)  3520 W. BROWARD BLVD.  Sule, Apr. #, Etc.  SUITE 105  City FORT LAUDERDALE  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 X  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors  DAVID L. HIRSCHENSON  3520 W. BROWARD BLVD., #105  FORT LAUDERDALE, FL 33312  10. Icartify 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 filling 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 flees word by the corporation have been paid and the names of individuals listed on this form to not qualify from the requirements of section 607.0401 or 617.0401, F.S. that all flees worded by the corporation have been paid and the names of individuals listed on this form to not qualify from the onton unit of the one control not of 2016/010, F.S.	33312					d Agent		400
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The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	filing th	nis reinstatem	ent application, the reasor	for dissolution has been	eliminated, the corporate name	satisfies the re	n chapter 607 or 617, F.S. I further certify that when equirements of section 607,0401 or 617,0401, F.S.,	Section of the sectio
SIGNATURE: DAVID L. HIRSCHENSON X /2 /2 61 (954) 791-8330 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	The in	formation indi	cated on this application is	true and accurate, and DAVID	ny signature shall have the sam  L. HIRSCHENSON	e legal effect as	x /2 //2 /6/ (954) 791-8330	The state of the s