

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S84728

1. Corporation Name

MIAMI CHIROPRACTIC ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 AM 11:57

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-12/26/01--01095--020
****750.00 ****750.00

REINSTATEMENT 01

2. Principal Office Address

3520 W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE 105

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

3520 W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE 105

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/91

5. FEI Number

65-0291686

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 L. HIRSCHENSON

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

3520 W. BROWARD BLVD.

Suite, Apt. #, Etc.

SUITE 105

City

FORT LAUDERDALE

State

FL

Zip Code

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, F.S.

Signature of

Registered Agent X

REGISTERED AGENT MUST SIGN

Date X

12/12/01

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	DAVID L. HIRSCHENSON	3520 W. BROWARD BLVD., #105	FORT LAUDERDALE, FL 33312

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 L. HIRSCHENSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12/12/01

(954) 791-8330

Daytime Phone #

CR2E081 (9/00)