

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV 1 PM 4:15

DOCUMENT # **V06021**

1. Corporation Name

**NORTHSIDE CHIROPRACTIC CLINIC, PROFESSIONAL ASSOCIATION**

Principal Place of Business

Mailing Address

1680 DUNN AVE  
 SUITE 34  
 JACKSONVILLE FL 32218  
 US

1680 DUNN AVE  
 SUITE 34  
 JACKSONVILLE FL 32218  
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

01/10/1992

5. FEI Number

50-3138572

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RHODES, STEVEN L.	2408 PINE ISLAND CT.	JACKSONVILLE FL 32224

600003038476--6  
 -11/08/99--01116--004  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANTON, WILLIAM V.  
 601 MANDALAY RD  
 JACKSONVILLE FL 32216

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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

*William V. Stanton*

Date

10/20/99

REGISTERED AGENT MUST SIGN

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. Stanton*

Date

10/20/99

Daytime Phone #

904  
 757-4786

AD

CR20240 (9/99)