

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V11403

1. Corporation Name

SIMMONS CHIROPRACTIC, P.A.

Principal Place of Business

Mailing Address

5012 301 BOULEVARD EAST  
SUITE 6  
BRADENTON FL

5012 301 BOULEVARD EAST  
SUITE 6  
BRADENTON FL

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0318428

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SIMMONS, JOHN P.	5012 301 BOULEVARD E. #6	BRADENTON FL

000023963980  
10/21/03--01037--003 \*\*150.00

*Handwritten signature and date: JPH 10/23*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMMONS, JOHN P  
5012 301 BLVD. E. #6  
BRADENTON FL 34203

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

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)(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:

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03

CR2E040 (7/03)

150

# JOHN R. RUSSO, EA

6400 Manatee Ave W. • Ste H • Bradenton, FL 34209

Tel: (941)-795-2000 (800)-735-2080 Fax: (941)-798-9799

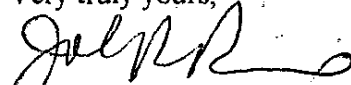
October 13, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Simmons Chiropractic, PA  
EIN: 65-0318248

Be advised that the above mentioned client did not received the 2003 Uniform Business Report. A check in the amount of \$150.00 is enclosed with the Application for Reinstatement. We are asking for a waiver of reinstatement fees.

Very truly yours,

  
John R. Russo, EA, CSA