


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 20 AM 9:09

DOCUMENT # V11439		
1. Entity Name ARONOFF CHIROPRACTIC CENTER, INC.		

Principal Place of Business 5560 S. FLAMINGO RD. COOPER CITY, FL 33330	Mailing Address 5560 S. FLAMINGO RD. COOPER CITY, FL 33330
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

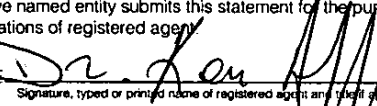


07072006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0317641		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARONOFF, KENNETH L. 5560 S. FLAMINGO RD. COOPER CITY, FL 33330		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 7/16/06

Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

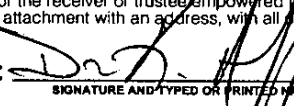
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONOFF, KENNETH L. 5560 S. FLAMINGO RD. COOPER CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

900078777169
08/16/06--01048--016 **900.00

900078777169
08/16/06--01048--017 **8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 7/16/06 DAYTIME PHONE: 954-547-1057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR