2006 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						THEED		
DOCUMENT # V11439 1. Entity Name ARONOFF CHIROPRACTIC CENTER, INC.					OIVISIOI	LIARY OF OF CORPO	STATE DRATIONS	
					00 00	L 20 AM	9: 09	
Principal Place of Business Mailing Address					1			
5560 S. FLAMINGO RD.		5560 S. FLAMINGO RD.						
COOPER CITY, FL 33330 COOPER CITY, FL 3333			330		 	i rnei alura dirika area al	FIL SIBII BIRIL BIRIL BIRIL BIRIL	.
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07072006	REIN-P	CR2E098 (11/0	·5)
City & State		City & State			4. FEI Number 65-0317		 	Applied For Not Applicable
Zip	Country	Zip	Country	/		of Status Desired	\$8.75 Fee Requ	Additional
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ARONOFF, KENNETH L.				Name				
5560 S. FLAI		Street Addre		Street Address (s (P.O. Box Number is Not Acceptable)			
			-	City			FL Zip C	>ode
8. The above na	amed entity submits this statement	for the purpose of changing its	s registered	office or register	red agent, or both	n, in the State of F	1	ith, and accept
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—Signature, typed or printing name of registered agent and shight spaceble. (NOTE: Registered Agent eigneture required when reinstating)								
FILE NOWIII FEE IS \$900.00							مار	
10.		ID DIRECTORS	11.		ADDITIONS/0	CHANGES TO CA	NORS AND DIRECT	4.
STREET ADDRESS 5	, ARONOFF, KENNETH L. 1560 S. FLAMINGO RD. COOPER CITY, FL	☐ Delete	TITLE NAME STREET		MSTA	HANGESTON	Chang	ge \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	ADDRESS 1-zip				
12. I hereby cert	tify that the information supplied w	ith this filing does not qualify for	or the exem	notions contained	I in Chapter 119	Florida Statutes	I further certify that th	e information
indicated on of the corpor	n this report or supplemental repor ration or the receiver or trustee en on an attachment with an address	t is true and accurate and that in powered to execute this report	my signatur t as required	e shall have the d d by Chapter 607	samerlegal effect 7, Florida Statutes	as if made under s; and that my nar	oath; that I am an offi ne appears in Block 1	cer or director 0 or Block 11 if
changed, or	on an attachment with an address	s, with all other like empowered	i .		Just 1			Ĭ
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTS DATE PRODUCT A A A A A A A A A A A A A A A A A A A								
	SIGNATURE AND/TYPED O	H PHINTED MANE OF SIGNING OFFICER	R OR DIRECTOF	R	1	Date	Daytime Phone	"" Nh
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