2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# V19308

Entity Name: SUNSHINE CHIROPRACTIC LIFE CENTRE WEST P.A.

Current Principal Place of Business:

8543 NW 186TH ST.
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

8543 NW 186 ST
MIAMI, FL 33015

New Mailing Address:

8543 NW 186TH ST.
MIAMI, FL 33015 US

FEI Number: 65-0317406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOHAM, LIDIA T.
8543 NW 186 ST
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LIDIA T. YOHAM

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: YOHAM, WILLIAM E., II
Address: 8543 NW 186 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. YOHAM II DC 10/14/2009

Electronic Signature of Signing Officer or Director Date