

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

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DOCUMENT # V28240

1. Corporation Name

CHIROMED CHIROPRACTIC CENTER, INC.

Principal Place of Business

P.O. BOX 152517  
TAMPA FL 33684

Mailing Address

P.O. BOX 152517  
TAMPA FL 33684



REINSTATEMENT

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3127384

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
PD	BROWN, HARRY W.	750 MORROW INDUSTRIAL BLVD.	JONESBORO GA 30236
S	BROWN, NANCY	750 MORROW INDUSTRIAL BLVD.	JONESBORO GA 30236
V	MANGELSDOF, KENNETH J.	8 CHESTY PLACE	SAVANNAH GA
			300003482373--9 -12/01/00--01014--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HARDT, JAMES SR.  
2117 WEST OKALOOSA AVE.  
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name Jerry mangelsdorf  
Street Address (P.O. Box Number is Not Acceptable)  
18120 Leafwood Circle  
Suite, Apt. #, Etc.  
City Tampa-Lutz State FL Zip Code 33549

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

Jerry Mangelsdorf  
REGISTERED AGENT MUST SIGN

Date

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.

AD

SIGNATURE:

Jerry Mangelsdorf  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

912-354-3265

CR2E040 (8/00)