

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG 14 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

151185

1. Corporation Name

MARTINEZ CHIROPRACTIC CENTER  
15118 S.W. SUNSET DRIVE  
MIAMI, FLORIDA 33183  
(305) 388-7577

2. Principal Office Address

15118 S.W. Sunset Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

Dade

3. Mailing Office Address

15118 S.W. Sunset Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650348913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Damian Martinez

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

11465 SW 110 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-10-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Doctor	Martinez, Damian	15532 S.W. 148 <sup>th</sup> Tr	Miami, FL 33196

KE

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-10-00

Daytime Phone #

305-499-9968

CR2E081 (9/99)

2062

# FAMILY CHIROPRACTIC CENTERS



Dr. Joseph M. Buckley  
Dr. Damian Martinez

TO WHOM IT MAY CONCERN

I SPOKE TO SHAWN TONER IN REGARD  
TO NOT RECEIVING A UNIFORM BUSINESS  
REPORT STATEMENT FOR 1999

I WAS TOLD TO WRITE A BRIEF LETTER  
THAT I HAD NOT RECEIVED THE 99' REPORT  
+ TO SEND \$1300 - NAME TO FLA DEPT  
OF STATE. I HAVE ENCLOSED 2 CHECKS  
W/ A FORM IF ANY MORE ASSISTANCE  
IS NEEDED PLEASE CALL ME OR  
SEND ME A LETTER

## PINES OFFICE

17035 Pines Blvd.  
Pembroke Pines, FL 33027  
Tel: 954-432-3343  
Fax: 954-450-2565

Thank you

Damian Martinez *DM*  
*DM*

## AIRPORT-DORAL OFFICE

3900 N.W. 79th Ave.  
Miami, FL 33166  
Tel: 305-499-9968  
Fax: 305-639-4766

## WEST KENDALL OFFICE

15118 S.W. 72nd St.  
Miami, FL 33193  
Tel: 305-388-7577  
Fax: 305-388-7851