

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 17 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F21157**

1. Corporation Name

M.K.S. of Tampa, Inc

2. Principal Office Address

**5700 W. McClinton Rd. Ste 2
Clearwater FL**

3. Mailing Office Address

**5700 W. McClinton Rd. Ste 2
Clearwater FL**

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33760

Country

USA

Zip

33760

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/25/1981

5. FEI Number

59-2066092

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

Lee Atkinson

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

2655 McCormick DR.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

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

[Signature]

Date **30 OCT 03**

REGISTERED AGENT MUST SIGN

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
DR	John McNamara	SUITE D 45 KAILERBOCHER AVE	Bohemia NY 11716

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

11/13/03

Date:

Daytime Phone #

631-244-8780

CR2E081 (10/02)