

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # **F94000002551**

1. Corporation Name

MRMC, Inc.

cross reference name: Medical Resource Management Corporation

REINSTATEMENT **97-04**

400039239644
07/16/04--01021--004 **1800.00

MRD

2. Principal Office Address

145 Technology Parkway

3. Mailing Office Address

145 Technology Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Norcross, Georgia

City & State

Norcross, Georgia

Zip

30092

Country

USA

Zip

30092

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/16/1994

5. FEI Number

58-2057811

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Michael Pretiger

REGISTERED AGENT MUST SIGN

Date **7/8/04**

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
P/D	James Ginter	145 Technology Parkway	Norcross, Georgia 30092
C/D	Kenneth Shumard	145 Technology Parkway	Norcross, Georgia 30092
S/D	Brenda Shumard	145 Technology Parkway	Norcross, Georgia 30092
T/D	Michael Pretiger	145 Technology Parkway	Norcross, Georgia 30092

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:

Michael Pretiger **MICHAEL PRETIGER**

Date

7/14/04

Daytime Phone #

770-797-2115

CR2E081 (01/04)