

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**

**F96000005127**

1. Corporation Name

**Medical Technology Consultants, Inc.**

99 FEB 25 AM 11:26  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**710 Miami Springs Dr  
Longwood, FL 32779**

**711 Westchester Avenue  
White Plains, NY 10604**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**10/03/96**

5. FEI Number

**59-3414218**

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required for a Certificate of Status**

**REINSTATEMENT** 98-99

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Christopher J. Garcia	711 Westchester Avenue	White Plains, NY 10604
S	John P. McDonough	711 Westchester Avenue	White Plains, NY 10604

700002786997--6  
-02/25/99--01041--020  
\*\*\*\*\*900.00 \*\*\*\*\*900.00  
700002786997--6  
-02/25/99--01041--021  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

**United Corporate Services, Inc.  
801 Northeast 167th Street, Suite 300  
North Miami Beach, FL 33162**

9. Name and Address of New Registered Agent

Name  
**CT CORPORATION SYSTEM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Rd.**  
Suite, Apt. #, Etc.  
City  
**Plantation**  
State  
**FL**  
Zip Code  
**33324**

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

*Connie Began*

*Connie Began, Spinal Inst. Sec.*

Date

**2-26-99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*John P. McDonough*

**JOHN P. McDONOUGH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 8, 1999**  
Date

**914 286 4090**  
Daytime Phone #

CR2001 (12-98)