

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001729

1. Corporation Name **Florida Network Management Services, Inc.**  
CROSS REF: **Network Management Services, Inc.**

Principal Place of Business Mailing Address  
**C/O Medical Resources, Inc.**  
**449 - 10th Ave West**  
**Palmetto, FL 34221**  
**C/O Medical Resources, Inc.**  
**Legal Department**  
**125 State Street**  
**Hackensack, NJ 07601**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT**

*989*

4. Date Incorporated or Qualified To Do Business in Florida **3/25/97**

5. FEI Number **22-3316148** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director Pres	GEOFFREY A. WHYNOT	C/O Medical Resources, Inc. 125 State Street	Hackensack, NJ 07601
V.P./Secy Director	CHRISTOPHER J. JOYCE	C/O Medical Resources, Inc. 125 State Street	Hackensack, NJ 07601
Treasurer	DAVID M. McCABE	C/O Medical Resources, Inc. 125 State Street	Hackensack, NJ 07601

100003096651-8  
-01/12/00--01093--007  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent  
**BRIA, Daniel**  
**449 10th Ave., W.**  
**Palmetto, FL 34221**

9. Name and Address of New Registered Agent  
Name **C T Corporation System**  
Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**  
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 Bryan**  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date **12/30/99**

11. This corporation owes or has paid 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: **David M. McCabe**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David M. McCabe, Treasurer**

**12-28-99** (20) **883-5444**  
Date Daytime Phone #

**KE**