

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 21 AM 10:52

DOCUMENT # F98000002970

1. Corporation Name  
Medical Management Consultants of Pinellas, Inc., a New Jersey corporation authorized to transact business in the State of Florida

Principal Place of Business Mailing Address  
27910 U.S. Highway 19, N. 27910 U.S. Highway 19, N.  
Clearwater, FL 33761 Clearwater, FL 33761

REINSTATEMENT 95

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/26/98	
City & State		City & State		5. FEI Number	
Zip		Country		22-2923418	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	

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
PCST	Liberti, Frank E.	27910 U.S. Highway 19, N.	Clearwater, FL 33761
D.	Liberti, Frank E.	27910 U.S. Highway 19, N.	Clearwater, FL 33761
			100003032331--4 -11/02/99--01051--025 ****200.00 ****200.00
			100003032331--4 -11/02/99--01051--026 ****558.75 ****558.75
			89/10/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Liberti, Frank E.  
27910 U.S. Highway 19, N.  
Clearwater, FL 33761

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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 Frank E. Liberti  
Frank E. Liberti REGISTERED AGENT MUST SIGN

Date 10/14/99

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:

Frank E. Liberti  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Frank E. Liberti, President

10/16/99 727-723-0040

Date Daytime Phone #

CR2E040 (1/98)