PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  APPLICATION FOR REINSTATEMENT  Soundra B. Mortham Socretary of State DIVISION OF CORPORATION  DOCUMENT # P98000002970  OCCUMENT # P980000002970  OCCUMENT # P98000000290  OCCU		DI FACE D	EAD AL	LINIOT	DUCTIV	ONC I	PECORE O	YOMBI ET	INO TUIO	CODM	
Medical Management Consultants of Pinellas, Inc., a New Jersey corporation authorized to tradisact business in the State of Florida and Management Consultants of Management Consultants of Pinellas, Inc., a New Jersey corporation authorized to tradisact business in the State of Florida de Guanast Consultants of Florida (Guanast Consultants) (Clearwater, FL 33761		PLICATION FOR		FLORIDA S	A DEPAR Sandra B Secretar	TMEN I. <b>Mor</b> t y of St	T OF STATE ham ate	7			STATE
Accordance   Section   S	DOCL	JMENT # F98000	0002970					•	VISION	OF COR	ORATIONS
27910 U.S. Highway 19, No.   27910 U.S. Highway 19, No.   Clearwater, FL 33761	1. Corporat Medica Jerse	tion Name al Management Cor y corporation aut	nsultant	ts of P d to tr	inellas adsact	s, Ind busi	c., a New ness in		99 00	T21 AM	10: 52
2 New Mining Office Address. If Applicable  Suite, Apt. #, etc  Country  Country  Country  No Applicable  CERTIFICATE OF STATUS DESIRED  Sired Address of Each Office Status Desired  Address of Each Office Box Numbers)  Accompany of Suite Address of Each Office Box Numbers)  Liberti, Frank E.  27910 U.S. Highway 19, N. Clearwater, FL 33761  Liberti, Frank E.  27910 U.S. Highway 19, N. Clearwater, FL 33761  Suite, Apt. #, Etc.  Cey  Sired Address of New Registered Agent  Name  Sired Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Sired Address of New Registered Agent  Liberti, Frank E.  27910 U.S. Highway 19, N.  Clearwater, FL 33761  Suite, Apt. #, Etc.  Cey  Suite Agent Agent Not Acceptable)  Suite, Apt. #, Etc.  Cey  Suite Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Cey  Suite Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Cey  Suite Address (P.O. Box Number is Not Acceptable)  10 1 being appointed thy Agetisered Agent  Name	27910	U.S. Highway 19,		27910	U.S. Hi		3761	EINST	ATEM	LNT	95
Country  City & State  City & State  City & State  Country  Countr								Date Incorp     To Do Busin	orated or Qualific		
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Site of Address of Section 607 0505, F.S.   Site of Address of Section 607 0505, F.S.   Signature of Prepared Agent   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Liberti   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Street Address (P.O. Box Number is Not Acceptable)   State   Zp Code   Prank E.   Stre	<b>Z</b> (p	Country		Zip		Country			E OF STATUS DES		
Control of Section 607 0505, F.S.   City   State   Zip   Code	7. Names a			Director (Flor	ida nonprofit						
D. Liberti, Frank E. 27910 U.S. Highway 19, N. Clearwater, FL 33761  10003032331-4 -11/02/93-01051-025 +************************************	1itle(s)				Officer and/or Director 3 (Do NOT Use Post Office Box N			lumbers)	4	City / State	e / Zip
1000030323314    -11/02/3901051025     ********200.00     1000030323314     -11/02/3901051026     **********************************	PCST	Liberti, Frank	E.		27910	v.s.	Highway 1	9, N.	Clearwa	ter, FL	33761
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8. Name and Address of Current Registered Agent  Liberti, Frank E.  27910 U.S. Highway 19, N.  Clearwater, FL 33761  Suite, Apt. e, Etc.  City  State  City  State  Frank E. Liberti Resistance of Registered Agent of the Address of New Registered Agent Agent Agent Agent Agent Agent Frank E. Liberti Resistance of Registered Agent Frank E. Liberti Resistance of Registered Agent A					· · · · · · · · · · · · · · · · · · ·			10	-11/02	/99016	351n25
8. Name and Address of Current Registered Agent  Libert1, Prank E.  27910 U.S. Highway 19, N.  Clearwater, FL 33761  Street Address (P.O. Box Number is Not Acceptable)  City  State   Zip Code    FL   Sitate   Zip Code    FL   Sitate   Zip Code    FL   Sitate   Zip Code    FL   Sitate   Signature of    Registered Agent    Frank E. Libert1 Registered Agent    Frank E. Libert2 Registered Agent    Frank E. Libert3 Regi								1000030323314			
Liberti, Frank E.  27910 U.S. Highway 19, N.  Clearwater, FL 33761  Suite, Apt. v. Etc.  City  State Zip Code  FL  In Liberti 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 RegistereD AGENT MUST SIGN  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. Lettily 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:								80			
Liberti, Frank E.  27910 U.S. Highway 19, N.  Clearwater, FL 33761  Suite, Apt. v. Etc.  City  State Zip Code  FL  Integrstered Agent  Frank E. Liberti Redistrace Agent Must sign.  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 Redistrace Agent Must sign.  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. Leatily 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:	. <u>.</u>						·	<u> </u>	} !		_ <del>-</del>
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Signature of Registered Agent  Trank E. Liberti Redistrated Agent Must sign  10. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  12. Lettify 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:			Current Reg	istered Age	nt		Name	9. Name and	Address of New	Registered Ag	ent
Suite, Apt. #, Etc.  City  State  Zip Code  To 1. being appointed the egistered 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. Libert I REGISTBRED AGENT MUST SIGN  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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:	27910	U.S. Highway 19,	N.				Street Address (P	O. Box Number	is Not Acceptable	9)	
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Intangible Personal Property tax due June 30. Yes No 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 807 or 617, F.S. I turther certify that when filling 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:	11 Thi	Frank E. Libe					<u> </u>		·		
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Trank B. Biberti, Fresident	SIGNAT	URE: SPANIE NO TYPE	LJW Poerty:	D NAME OF SI	GNING OFFICE	ER OR DI	RECTOR	1			