

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000004506

1. Corporation Name

PC MANAGEMENT, INC OF FT MYERS

Principal Place of Business

12800 UNIVERSITY DRIVE, SUITE 550
FT MYERS FL 33907

Mailing Address

12800 UNIVERSITY DRIVE, SUITE 550
FT MYERS FL 33907

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

FILED
00 OCT 26 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1999

5. FEI Number

22-3268347

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARTIN, ROBERT C	9070 PALMAS GRANDE BLVD #102 26203 Isle Way	BONITA SPRINGS FL 34135 4
V	JENSEN, LINDA C	9070 PALMAS GRANDE BLVD #102 26203 Isle Way	BONITA SPRINGS FL 34135 4

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-11/15/00--01008--007
***750.00 ***750.00

8. Name and Address of Current Registered Agent

JENSEN, LINDA C
26203 ISLE WAY
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

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

Linda C. Jensen
REGISTERED AGENT MUST SIGN

Date 10/19/00

11. 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.

KE

SIGNATURE:

Linda C. Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00
Date

941-335-1330
Daytime Phone #