


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000004506		
1. Entity Name PC MANAGEMENT, INC. OF FT MYERS		

FILED
05 JAN -6 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12800 UNIVERSITY DRIVE, SUITE 550 FT MYERS, FL 33907	Mailing Address 12800 UNIVERSITY DRIVE, SUITE 550 FT MYERS, FL 33907
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2. Principal Place of Business 27500 Riverview Center Blvd Suite, Apt. #, etc. 202	3. Mailing Address 27500 Riverview Center Blvd Suite, Apt. #, etc. 202
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City & State Bonita Springs, FL	City & State
Zip 34134-4314	Country Lee
Zip 34134-4314	Country Lee

REINSTATEMENT
0052005 REINSTATEMENT FEE 098 (6/04) 24 05

4. FEI Number 22-3268347	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENSEN, LINDA C 26120 MANDEVILLA DR. BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name Robert C. MARTIN Street Address (P.O. Box Number is Not Acceptable) 96 PC MANAGEMENT, INC 27500 Riverview Center Blvd Suite 202 City Bonita Springs FL Zip Code 34134-4314
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ [Signature] (NOTE: Registered Agent signature required when reinstating) DATE JAN 5, 2005

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, ROBERT C 26120 MANDEVILLA DR. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 50004452655 01/11/05--01037--014 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENSEN, LINDA C 26120 MANDEVILLA DR. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN, LINDA C 26120 MANDEVILLA DR. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE JAN 5, 2005 Daytime Phone # 6