

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # J14133

1. Corporation Name

MAMMO MED, INC.

Principal Place of Business

Mailing Address

% GEORGE A. LAQUIS
~~10188 W SAMPLE ROAD~~
CORAL SPGS. FL 33065
US

% GEORGE A. LAQUIS
~~10188 W SAMPLE ROAD~~
CORAL SPGS. FL 33065
US

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

Suite, Apt. #, etc.

2900 University Drive

Suite, Apt. #, etc.

2900 University Drive

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1986

5. FEI Number

59-2715045

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	4 City / State / Zip
P	LAQUIS, GEORGE A	10188 W SAMPLE ROAD 2900 University Drive	CORAL SPRINGS FL 33065

500003091095--9
-01/07/00--01003--013
***758.75 ***758.75

8. Name and Address of Current Registered Agent

LAQUIS, GEORGE A
~~10188 W SAMPLE ROAD~~
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2900 University Drive

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

SIGNATURE REQUIRED
George A. Laquis
REGISTERED AGENT MUST SIGN

Date 12/17/99

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.

SIGNATURE:

SIGNATURE REQUIRED
George A. Laquis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/99
Date

954-753-9500
Daytime Phone #