

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # K19919

1. Corporation Name
 MCI, INC.

Principal Place of Business Mailing Address

1921 Rolling Green Circle
 Sarasota, FL 34240

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
 99 FEB 19 PM 2:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 4/1/88

5. FEI Number 65-0052385

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)

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
P	MICHAEL J. MOLLOHAN	1921 Rolling Green Circle	Sarasota, FL 34240

8. Name and Address of Current Registered Agent

JOHNSON SAVARY
 720 Orange Avenue South
 Sarasota, FL 34236

9. Name and Address of New Registered Agent

Name
 STEPHEN H. KURVIN, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 7 S. Line Avenue
 Suite, Apt. #, Etc.
 City
 Sarasota, FL 34237

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 *Stephen H. Kurvin* REGISTERED AGENT MUST SIGN Date 2/17/99

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: *Michael J. Mollohan* 2/18/99 941 316-6367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 141102 82467A

AUTHORIZATION :

COST LIMIT :

\$ ~~1748.75~~
1658.75

chg per Cassandra 2/19/99 KSP

ORDER DATE : February 19, 1999

ORDER TIME : 12:27 PM

ORDER NO. : 141102-005

CUSTOMER NO: 82467A

CUSTOMER: Stephen H. Kurvin, Esq
Stephen H. Kurvin, Esquire
7 South Lime Avenue

Sarasota, FL 34237

DOMESTIC FILINGS

NAME: MMCI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Lamm

EXAMINER

RECEIVED
90 FEB 19 PM 12:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA