

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 OCT 11 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03600

1. Corporation Name

MANAGEMENT PRESCRIPTIVES, INC

Principal Place of Business

Mailing Address

5411 Breckentridge Pkwy  
Tampa, FL 33610

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.

7650 W. Courtney Campbell Cswy

Suite 400

City & State

Tampa, FL

Zip

33607

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

(same)

City & State

Zip

Country

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/20/1989

5. FEI Number

65-0136711

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)

1	2	3	4
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CPD	Spencer, David	7650 W. Courtney Campbell Cswy	Suite 400 Tampa, FL 33607
TD	Anastasio, Lance W	200 AVE. F, NE	Winter Haven, FL
DVP	Chastain, George M (MD)	417 Third Ave	Albany, GA
SD	Powers, GLEN K.	1875 I Street - 12 <sup>th</sup> Floor	N.W. Washington, DC 20006-5409
D	Johnson, Ronald L	27330 S. Leeward Way	Tracey, CA 95376
D	Williamson, KEN E	809 Highway 1 West	Iowa City, IA 52246

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David S. Spencer	Name	David S. Spencer
	Street Address (P.O. Box Number is Not Acceptable)	7650 W. Courtney Campbell Cswy.
	Suite, Apt. #, Etc.	400
	City	Tampa
	State	FL
	Zip Code	33607

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

David S. Spencer

REGISTERED AGENT MUST SIGN

Date 10/8/99

11. This corporation owes 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:

David S. Spencer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

700003011277--8

10/8/99

Date

813-626-0299

Daytime Phone #

CR2E01 (12/98)



ACCOUNT NO. : 072100000032

REFERENCE : 402511 4320777

AUTHORIZATION :

COST LIMIT : \$ 758.75

<sup>2</sup>  
*Patricia Pizot*

ORDER DATE : October 7, 1999

ORDER TIME : 10:15 AM

ORDER NO. : 402511-005

CUSTOMER NO: 4320777

CUSTOMER: Patty Lamm, Legal Asst  
Kirkpatrick & Lockhart  
1800 Massachusetts Ave., N.w.

Washington, DC 20036

DOMESTIC FILINGS

NAME: MANAGEMENT PRESCRIPTIVES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

**18**

RECEIVED  
99 OCT 11 PM 12:03  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE