

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -5 PM 12:08

**DOCUMENT # L38766**

**1. Corporation Name**

**MEDICAL CONSULTANTS MARKETING, INC.**

**2. Principal Office Address**

7256 Fairfax Drive

Suite, Apt. #, etc.

Building B

City & State

Tamarac, Florida

Zip

33321

Country

United States

**3. Mailing Office Address**

7256 Fairfax Drive

Suite, Apt. #, etc.

Building B

City & State

Tamarac, Florida

Zip

33321

Country

United States

**REINSTATEMENT 99-00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12-15-89

**5. FEI Number**

65-0160345

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Morton Schoor

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

7256 Fairfax Drive

Suite, Apt. #, Etc.

Building B

City

Tamarac, FL

State

FL

Zip Code

33321

500003299395--3  
06/21/00-01087-007  
\*\*\*\*900.00 \*\*\*\*900.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Morton Schoor*

REGISTERED AGENT MUST SIGN

Date May 30, 2000

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,S,	Morton Schoor	7256 Fairfax Drive, Bldg. B	Tamarac, FL 33321

**10. 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:**

*Morton Schoor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morton Schoor, President

Date

5-30-00 305-576-0002

Daytime Phone #

CR2E081 (9/99)