

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
97 FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 NOV -3 PM 3:48  
11/4

DOCUMENT # M20827

1. Corporation Name

MMRS CONSULTING CORPORATION

Principal Place of Business

C/O MARGARET R. SCHANK  
3850 WASHINGTON STREET. #1101  
HOLLYWOOD FL 33021

Mailing Address

C/O MARGARET R. SCHANK  
3850 WASHINGTON STREET. #1101  
HOLLYWOOD FL 33021



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-1872887

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
DP	SCHANK, MARGARET R.	3850 WASHINGTON ST.#1101	HOLLYWOOD FL
D	SCHANK, MAXWELL	3850 WASHINGTON ST.#1101	HOLLYWOOD FL

500002339045--8  
-11/05/97--01080--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SCHANK, MARGARET R.  
3850 WASHINGTON STREET  
#1101  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name  
Margaret R. Schank  
Street Address (P.O. Box Number is Not Acceptable)  
3850 Washington St  
Suite, Apt. #, Etc.  
Hollywood Fl 33021 Apt 1101  
City  
Hollywood Fl.  
State  
FL  
Zip Code  
33021

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

REGISTERED AGENT MUST SIGN

Date Oct 90

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 90 954 981