

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 SEP 21 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M64366**

1. Corporation Name

MEDRANGE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2708  
SARASOTA, FL 34230

P.O. BOX 2708  
SARASOTA, FL 34230

**REINSTATEMENT 97-98**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/12/1988	
City & State		City & State		5. FEI Number	
Zip		Country		65-0024666	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PVT	PRESTON, DAVID E.	1800 2nd STREET, SUITE 715	SARASOTA, FL 34236
SD	PRESTON, DAVID E.	1800 2nd STREET, SUITE 715	SARASOTA, FL 34236

900002649419-6  
-09/25/98-01086-015  
\*\*\*\*908.75 \*\*\*\*308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAUGHAN, BYRON  
1605 MAIN STREET #904  
SARASOTA, FL 34230

Name

PERSSE, JOHN W.

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

1800 2nd STREET

Suite, Apt. #, Etc.

SUITE 715

City

SARASOTA, FL

State  
FL

Zip Code  
34236

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

*John W. Persse*

REGISTERED AGENT MUST SIGN

Date

9/18/98

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:

*David E. Preston*

David E. Preston, President 9/6/98 (941) 366-7589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #