PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 QBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024001

1. Corporation Name

MEDICAL SUPPORT MANAGEMENT,INC.

Principal Place of Business	Mailing Address
2645 EXECUTIVE PRK DR SUITE 117 WESTON FL 33331	P.O. BOX 266654 WESTON FL 33326

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/2000

5. FEI Number: 65-0990592 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ZOLDAN, MICHAEL	2645 EXECUTIVE PRK DR	WESTON FL 33331

600003155406
11/21/02--01099--014 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ZOLDAN, MICHAEL 2645 EXECUTIVE PRK DR SUITE 117 WESTON FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11/01/02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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 REQUIRED 11/01/02 954-349-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KramerWeisman
and associates, LLP
Certified Public Accountants & Consultants

12555 Orange Drive ■ Suite 104 ■ Davie, Florida 33330 ■ Phone 954.475.1260 ■ Fax 954.475.1221

November 1, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Medical Support Management, Inc.
Application for Reinstatement
FEI Number 65-0990592

Dear Sirs:

This letter is in reference to the above described company. The company recently received a Certificate of Administrative Dissolution from the Florida Department of State for failure to file its 2002 Corporation Annual Report / Uniform Business Report.

We respectfully request that you waive the $600 penalty assessed, as the company did not receive the report.

Enclosed with this letter is a signed Application for Reinstatement along with a check for $150.

Thank you for your cooperation on this matter.

Very truly yours,

Jeffrey B Kramer, CPA

Jeffrey B. Kramer, CPA
Kramer Weisman & Associates, LLP