

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -5 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000024001

1. Corporation Name

MEDICAL SUPPORT MANAGEMENT, INC.

2. Principal Office Address

2625 EXECUTIVE PARK DR.

Suite, Apt. #, etc.

SUITE 3B

City & State

WESTON, FL

Zip

33331

Country

U.S.

3. Mailing Office Address

P.O. BOX 266654

Suite, Apt. #, etc.

City & State

WESTON

Zip

33332

Country

U.S.

REINSTATEMENT

03-04

200027127662
01/16/04--01069--009 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/2003

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. Name and Address of Current Registered Agent

Name

MICHAEL ZOLDAN

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

2625 EXECUTIVE PARK DR.

Suite, Apt. #, Etc.

SUITE 3B

City

WESTON

200027127662

02/09/04--01020--009 **150.00

State

FL

Zip Code

33331

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

REGISTERED AGENT MUST SIGN

Date

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
P	ZOLDAN, MICHAEL	2625 EXECUTIVE PARK DR, #3B	WESTON, FL 33331

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/2003

Date

954-349-1771

Daytime Phone #

CR2001 (10/02)

MEDICAL SUPPORT MANAGEMENT, INC.
2625 EXECUTIVE PARK DRIVE, SUITE 3B
WESTON, FL 33331
(954) 385-9881

January 27, 2004

Florida Department of State
409 E. Gaines St.
Tallahassee, FL 32399

Re: Medical Support Management, Inc.
Application for Reinstatement
Ref. Number P00000024001
FEI Number 65-0990592

This letter is in reference to the above described company. We recently received a Certificate of Administrative Dissolution from the Florida Department of State for failure to file our year 2003 Corporation Annual Report / Uniform Business Report.

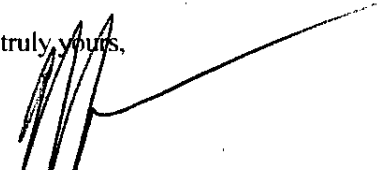
In response, we completed a Corporation Reinstatement application and forwarded it along with a check in the amount of \$150 to the Florida Department of State. In addition, we also requested a waiver of the \$600 penalty-assessed, as we did not receive the Florida Annual Report / Uniform Business Report in the mail.

We have now received a response from the Florida Department of State indicating that fees for year 2004 must be also be paid before the company can be reinstated.

Accordingly, we are enclosing with this letter a signed Application for Reinstatement, a check for \$150 for year 2004 and a copy of the January 20, 2004 status letter received from the Florida Department of State. We previously sent a check in the amount of \$150, which was applied to year 2003.

Thank you for your cooperation on this matter.

Very truly yours,



Michael Zordan
President