

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000126325

1. Corporation Name

PEARSALL MEDICAL MANAGEMENT CORP

2. Principal Office Address - No P.O. Box #

275 TONEY PENNA DR

Suite, Apt. #, etc.

STE 12

City & State

JUPITER FL

Zip

33458

Country

USA

3. Mailing Office Address

275 TONEY PENNA DR

Suite, Apt. #, etc.

STE 12

City & State

JUPITER FL

Zip

33458

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2005

5. FEI Number

20-3467503

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

DON S PEARSALL

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

8471 SE BRISTOL WAY

Suite, Apt. #, Etc

City

JUPITER

State

FL

Zip Code

33458

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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	DONALD PEARSALL	8471 SE BRISTOL WAY	JUPITER FL 33458

10. E-mail Address:

dpearsall@gmail.com

(To be used for future annual report notification)

11. 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. I further certify 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

12-28-2009

Daytime Phone #

FILED

09 DEC 28 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/28/09--01034--020 **600.00

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