## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000150083

Entity Name: PMMDOC, INC

FILED Oct 16, 2008 Secretary of State

| Current Principal Place of Business:   |   | New Principal Place o                       | New Principal Place of Business:             |  |
|--|---|---|--|--|
| 6435 DUNLIETH PLACE<br>PENSACOLA, FL 32504                                       |   |   |  |  |
| Current Mailing Address:   |   | New Mailing Address                         | New Mailing Address:                         |  |
| 6435 DUNLIETH PLACE<br>PENSACOLA, FL 32504                                       |   |   |  |  |
| FEI Number: 29-5986120   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent:                                    |   | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| MANIS, PETER<br>6435 DUNLIETH PLACE<br>PENSACOLA, FL 32504                       | US  |   |  |  |
| The above named entity s in the State of Florida.                                | submits this statement for the p                                      | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATURE: PETER M   | ANIS  |   |  |  |
| Electronic Signature of Registered Agent   |   | ent   | Date   |  |
| In accordance with s. 607.193 Election Campaign Financing                        | 3(2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | et receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: PS () Name: MANIS, PETER Address: 6435 DUNLIETH City-St-Zip: PENSACOLA, F |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MANIS OWNE 10/16/2008