

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1997 JAN 15 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014297

1. Corporation Name

MSI OF CENTRAL FLORIDA, INC.

Principal Place of Business
1700 N. Peninsula Dr.
New Smyrna Bch., FL
32169

Mailing Address
1700 N. Peninsula Dr.
New Smyrna Bch., FL
32169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
305 North Drive

3. New Mailing Address, If Applicable
305 North Drive

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Melbourne, FL

City & State
Melbourne, FL

Zip
32934

Country
USA

Zip
32934

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/92

5. EEI Number
59-3161469

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	Daniel R. Cooper	305 North Dr., Suite A	Melbourne, FL 32934
			300002061793--9
			-01/17/97--01029--014
			****818.75 ****818.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Christopher B. Cooper
1700 N. Peninsula Drive
New Smyrna Bch., FL 32169

9. Name and Address of New Registered Agent

Name
Daniel R. Cooper
Street Address (P.O. Box Number is Not Acceptable)
305 North Drive
Suite, Apt. #, Etc.
Suite A
City
Melbourne
State
FL
Zip Code
32934

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 01/13/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL R. COOPER

01/13/97

(407) 255-2998

Date

Daytime Phone #

CR25040 (12/95)