

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 NOV 12 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019173

1. Corporation Name

MANAGEMED, INC.

Principal Place of Business

~~676 S MILITARY TR~~
DEERFIELD BEACH FL 33442-2985

Mailing Address

~~676 S MILITARY TR~~
~~DEERFIELD BEACH FL 33442-2985~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
350 N.W. 12th Ave.

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
1601 Belvedere Rd.

Suite, Apt. #, etc.
Suite 500E

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1993

5. FEI Number

65-0398882

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD P	TURNOFF, BYRON Gigliotti, Anthony J.	676 S MILITARY TR 1601 Belvedere Rd., #500E	DEERFIELD BEACH FL 33442 West Palm Beach, FL 33406
VD	BLECHMAN, DAVID	676 S MILITARY TR 350 N.W. 12th Ave.	DEERFIELD BEACH FL 33442
D	Brovenick, Alvin	350 N.W. 12th Ave.	Deerfield Beach, FL 33442
T	Harkins, Christopher T.	1601 Belvedere Rd., #500E	West Palm Beach, FL 33406
			500002346625--8 -11/13/97--01076--016 ****758.00 ****758.00

8. Name and Address of Current Registered Agent

TURNOFF, BYRON
676 S MILITARY TR
DEERFIELD BEACH FL 33442-2985

9. Name and Address of New Registered Agent

Name
Palenzuela, Roberto L.
Street Address (P.O. Box Number is Not Acceptable)
1601 Belvedere Rd. -11/13/97--01076--017
Suite, Apt. #, Etc. *****8.75 *****8.75
Ste. 500E
City
West Palm Beach
State
FL
Zip Code
33406

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

Date

11/11/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

11-11-97

Date

561-684-2225

Daytime Phone #

CR2E040 (8/97)