

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 12 AM 10:00

DOCUMENT # P9300045139

1. Corporation Name

MENTAT SYSTEMS, INC.

W-28979

500003784105--8
-02/27/01--01149--019
***1208.75 ***1208.75

2. Principal Office Address 2842

West Vina Del Mar Blvd.

Suite, Apt. #, etc.

City & State

St. Petersburg Bch., FL

Zip

33706

Country

U S A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/25/1993

5. FEI Number

59-3300740

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

G. Barry Wilkinson

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

696 First Avenue North

Suite, Apt. #, Etc.

Suite 201

City

St. Petersburg

State

FL

Zip Code

33701

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/05/2001

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
C,D	Donald C. Thomas, III, MD	2842 W. Vina Del Mar Blvd	St. Petersburg Bch., FL
P,D	Margaret T. Thomas	2842 W. Vina Del Mar Blvd	St. Petersburg Bch., FL
			AD

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

Date

Daytime Phone #

2-6-01 (727) 363-3072