

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045139

1. Corporation Name

MENTAT SYSTEMS, INC.

2. Principal Office Address

2840 Alton Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg Beach Fl.

City & State

Same

Zip

33706

Country

USA

Zip

Same

Country

Same

REINSTATEMENT 02-03

700023508107

10/02/03--01020--018 **908.75

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 1st Ave 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

Date

9/30/03

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
C, D	Donald C. Thomas III M.D.	2840 Alton Drive	St. Petersburg Beach, Fl. 33706
P, D	Margaret T. Thomas	2840 Alton Drive	St. Petersburg Beach, Fl. 33706

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

Margaret T. Thomas

9/30/2003 (727)363-3072

Date

Daytime Phone #

CR2E081 (10/02)

gr 10/2