

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003932

1. Corporation Name

Medication Management Technologies, Inc.

2. Principal Office Address

12920-M Automobile Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip 33765

Country USA

3. Mailing Office Address

12920-M Automobile Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip 33765

Country USA

REINSTATEMENT 2001-201

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

5. FEI Number

59-3308518

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

Todd Siegel

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

12920 Automobile Blvd

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33765

500005979435-9

-06/25/02--01071--017

8778.75 *908.75

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

Todd E Siegel

REGISTERED AGENT MUST SIGN

Date 6/18/02

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
DP	Todd Siegel	12920 Automobile Blvd	Clearwater, FL 33765
DST	Michael Conroy	12920 Automobile Blvd	Clearwater, FL 33765

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

6/18/02

Date

727-576-6311

Daytime Phone #

CR2E081 (9/01)

Holland & Knight LLP Requester's Name	
315 So. Calhoun Street Address	
425-5675 City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Medication Management Tech. Inc P94-3932
(Corporation Name) (Document #)
2. MTS Sales & Marketing Inc P95-19633
(Corporation Name) (Document #)
3. Vanguard Pharmaceuticals Packaging Inc V39274
(Corporation Name) (Document #)
4. Performance Pharmacy Systems Inc V70433
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☒ Certificate of Status

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 02 JUN 19 AM 10:23

RECEIVED

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials