

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 22 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003932

1. Corporation Name

Medication Management Technologies, Inc.

2. Principal Office Address - No P.O. Box #

2003 Gandy Blvd. North

3. Mailing Office Address

2003 Gandy Blvd. North

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33702

Country

USA

Zip

33702

Country

USA

REINSTATEMENT
CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3308518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Todd Siegel

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

2003 Gandy Blvd. North

Suite, Apt. #, Etc.

Suite 800

City

St. Petersburg

State

FL

Zip Code

33702

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
DP	Todd E. Siegel	2003 Gandy Blvd. North	St. Petersburg, FL 33702
DST	Michael Conroy	2003 Gandy Blvd. North	St. Petersburg, FL 33702

300103015363
05/22/07-01018-010 **2505.00

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 contained in Chapter 119, 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:

Todd Siegel

Todd E. Siegel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #