

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000012259**

1. Corporation Name

MMS MANAGEMENT CORPORATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -4 AM 11:25

pk 417

Principal Place of Business

~~STENEN AVENUE~~
~~1120 HOLLAND DRIVE~~
~~BOCA RATON, FL 33487~~

Mailing Address

~~STENEN AVENUE~~
~~1120 HOLLAND DRIVE~~
~~BOCA RATON, FL 33487~~

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

2. New Principal Office Address, If Applicable

1120 Holland Drive

Suite, Apt. #, etc.

14

City & State

Boca Raton, FL

Zip

33487

Country

3. New Mailing Office Address, If Applicable

1120 Holland Drive

Suite, Apt. #, etc.

14

City & State

Boca Raton, FL

Zip

33487

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

5. FEI Number

65-0090752

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PSD	EARLY, MILES A	7241 CATALINA ISLE DRIVE	LAKE WORTH FL 33487

500002000315--3
-11/08/96--01044--028
****375.00 ****375.00

8. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2050 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

9. Name and Address of New Registered Agent

Name
Miles Early
Street Address (P.O. Box Number is Not Acceptable)
1120 Holland Drive
Suite, Apt. #, Etc.
#14
City
Boca Raton
State
FL
Zip Code
33487

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

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (7/96)