

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 NOV 24 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030633

1. Corporation Name

MFM ANALYTICAL SOFTWARE, INC.

Principal Place of Business
6671 WEST INDIANTOWN ROAD
SUITE 56-186
JUPITER FL 33458

Mailing Address
6671 WEST INDIANTOWN ROAD
SUITE 56-186
JUPITER FL 33458



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3324255

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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
D	MORAN, MICHAEL F	6687 LAKELAND CT	JUPITER FL 33458
		2462 S.W. ESTELLA TR	PALM CITY, FL 34990
			900002358119--3
			-11/26/97--01087--017
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORAN, MICHAEL F
6687 LAKELAND CT
JUPITER FL 33458

SAMZ

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11/19/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

11/19/97

Date

561-467-7789

Daytime Phone #

CR2040 (8/97)

2

2462 S.W. Estella Terrace
Palm City, FL 34990

November 19, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: MFM ANALYTICAL SOFTWARE, INC.
Ref. Number: W95000007011

Dear Sir:

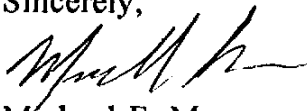
As discussed on the phone today, I wish to continue my status as a Florida Corporation. I'm not sure why I did not get the annual renewal package in the first quarter of the year, however, I had written requesting it in May or June when I had realized it was missing. This is the first correspondence this year from the state.

My business address has not changed, however, my home address has changed; my new permanent address is as stated above.

Per our discussion today on the phone, enclosed is a check for \$165.00 for 1997.

If you have any questions, please call me days at 561-467-7789 or evenings at 561-223-1723.

Sincerely,



Michael F. Moran
MFM Analytical Software, Inc.