

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 # P95000047917**

1. Corporation Name

**MEDICAL MARKETING RESOURCES S.E., INC.**

**FILED**  
98 JUN 11 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4701 North Federal Highway  
Suite 309, Box B16  
Lighthouse Point, Florida 33064

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Suite 309, Box B16  
Lighthouse Point, FL 33064

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 Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

6/20/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0588830

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
P/S/ T/D	Annie M. Miller	4701 North Federal Highway Suite 309, Box B16	Lighthouse Point, Florida 33064

**REINSTATEMENT 97+98**  
JR

8. Name and Address of Current Registered Agent

The Law Firm of Lawrence J. Spiegel  
Chartered  
343 Almeria Avenue  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name  
Spiegel & Utrera, P.A., d/b/a AmeriLawyer  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
Suite, Apt. #, Etc.  
City Coral Gables State FL Zip Code 33134

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

By: **Natalia Utrera, Vice President**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Annie M. Miller

6/8/98

Date

(954)943-8850

Daytime Phone #

CR2E040 (2/95)