

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96-99

FILED

97 MAY 15 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P95000048728

1. Corporation Name

M.I.F. Investments, INC

Principal Place of Business

Mailing Address

44 Sunset Bay Dr
 Belleair FL. 34616

SAME

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

6/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3368441

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres/D	MICHAEL MARKOU, D.O.	44 Sunset Bay Dr Belleair FL 34616	
Soc/D			
Vice Pres	ILIANA MARKOU, M.D.	44 Sunset Bay Dr Belleair FL 34616	
Treas/D			

600002188436--0
 -05/22/97--01099--003
 ****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ILIANA MARKOU, M.D.
 44 Sunset Bay Dr
 Belleair, FL. 34616

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. 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 #

4-29-97 8135812196

[Signature]

CR2E040 (12/96)

**IMMEDIATE MEDCARE &
FAMILY DOCTOR OF CLEARWATER**

MICHAEL MARKOU, D.O.

600 S. GREENWOOD AVE.
CLEARWATER, FLORIDA 34616-5610
(813) 446-0176
FAX: (813) 442-0696

SAMUEL P. BARKER, III, D.O.

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April 29, 1997

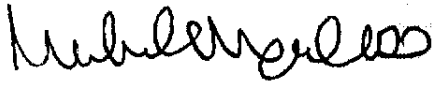
Division Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: M.I.F. Investments, Inc.
59-3368441

Dear Beth,

This is to certify that due to a mailing error we
never received the yearly corporate report for 1996.

Sincerely yours,



Michael Markou, D.O.

MM/akh

AS Per
Conversation w/ Beth.