

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071521

1. Corporation Name

M & D MEDICAL RESOURCES, INC.

Principal Place of Business

3106 LAS BRISAS DR.
PENSACOLA FL 32526

Mailing Address

3106 LAS BRISAS DR.
PENSACOLA FL 32526

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1995

5. FEI Number

59-3256808

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And Annual 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	4 City / State / Zip
V/D/T	DEVRIES, DENISE	3106 LAS BRISAS DR.	PENSACOLA FL 32526
P/D	DEVRIES, ROBERT D	3106 LAS BRISAS DR.	PENSACOLA FL 32526
S/D	DEVRIES, STEPHANIE Y	10181 VOEN DR 4435 MARLANE DR.	PENSACOLA FL 32514 32526

REINSTATEMENT 99 11TS

8. Name and Address of Current Registered Agent

DEVRIES, ROBERT D
3106 LAS BRISAS DR.
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 888883835688-5
City -11/04/99--01095--011
****750-0000-0000
FL

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

Robert D. Devries
REGISTERED AGENT MUST SIGN

Date 19 Oct 99

11. 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:

Denise S. Devries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENISE S. DEVRIES V/T/D

19 Oct 99 / 453-0950
Date Daytime Phone #