

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 3:56

DOCUMENT # P96000020929

1. Corporation Name

MMS FT. MYERS, INC.

Principal Place of Business

Mailing Address

1800 NORTHGATE BLVD  
SUITE A-10  
SARASOTA FL 34234

1800 NORTHGATE BLVD  
SUITE A-10  
SARASOTA FL 34234



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

5. FEI Number

65-0646340

Applied For

Not Applicable

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	4 City / State / Zip
VT	BLANTON, STEVEN E	629 HOWARD AVE	LAKELAND FL 33801
PS	CIESLUKOWSKI, EDWIN	1133 N EDITH AVE	LAKELAND FL 33801
M	BOWEN, DAVE	629 HOWARD AVE	LAKELAND FL 33801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CIESLUKOWSKI, EDWIN J  
1133 N EDITH AVE  
LAKELAND FL 33805

Name

N/A

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

Edwin J. Cieslukowski  
REGISTERED AGENT MUST SIGN

Date Oct 17, 2000

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:

Edwin J. Cieslukowski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 17 2000 407 343511