

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC -7 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019112

1. Corporation Name

MEDICOM MANAGEMENT CORPORATION

Principal Place of Business

2730 CENTRAL AVE.
ST PETERSBURG FL 33712

Mailing Address

2730 CENTRAL AVE.
ST PETERSBURG FL 33712

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

2. New Principal Office Address, If Applicable

198 N. Tamiami Trail

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

same

Zip

34102

Country

Collier

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1997

5. FEI Number

59-3543501

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)

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
1	2	3	4
D	KNAUST, WARREN J	2730 CENTRAL AVE.	ST PETERSBURG FL 33712
PTD	Van Cleave, Jon	102 NE 2 nd , Suite 126	Boca Raton, FL 33432

REINSTATEMENT

ax

B 12/8/98

100002707851--5
-12/09/98--01105--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KNAUST, WARREN J
2730 CENTRAL AVE.
ST PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

Jon Van Cleave

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

950 Glades Rd, Suite 5

Suite Apt # Fl

same

City

Boca Raton

State

FL

Zip Code

33431

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]

REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-4-98

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)(f), 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-98

Date

Daytime Phone #

CR2E040 (9/98)