

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 17 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048403

1. Corporation Name

MMI HEALTHCARE, INC.

Principal Place of Business

4565 SOUTH ATLANTIC AVENUE  
UNIT-6406  
PONCE INLET FL 32127

Mailing Address

4565 SOUTH ATLANTIC AVENUE  
UNIT-6406  
PONCE INLET FL 32127

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.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1997

5. FEI Number

59-3462161

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	Michael E Gargas	4565 S Atlantic Ave Unit 5406	Ponce Inlet, FL 32127
V/S	Donna K. Gargas	4565 S. Atlantic Ave Unit 5406	Ponce Inlet, FL 32127

000002696050--0  
-11/25/98--01004--003  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARGAS, MICHAEL E  
4565 SOUTH ATLANTIC AVENUE  
UNIT 5406  
PONCE INLET FL 32127

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

REGISTERED AGENT MUST SIGN

Date 11/16/98

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02040 (9/98)

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MMI HEALTHCARE, INC.  
4565 S Atlantic Ave. Unit 5406  
Ponce Inlet, FL 32127

November 16, 1998

Reinstatement Office  
Department of State  
Division of Corporations  
409 E Gaines Street  
Tallahassee, FL 32399

Dear Sir/Madam:

As per our telephone conversation on Friday, November 13, 1998, you requested that when we return the form and the check for the reinstatement fee, we enclose a letter stating that the reason we did not receive these forms is that the mailing address was incorrect. It listed the Unit # as 6406. It should be Unit # 5406. The first information that we received was on Friday, November 13th, 1998.

In the future, if we do not hear from this office by February 1, we will contact you to get the proper correspondence.

Thanking you for your help.

Sincerely,

*Michael E Gargas/pv*

Michael E Gargas  
President

MEG/prv  
enclosures