

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2013 SEP 30 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000027887

1. Corporation Name

MEDICAL SOFTWARE INTEGRATORS, INC.

2. Principal Office Address - No P.O. Box #

5269 SPRINGHILL DR

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32503

Country

US

3. Mailing Office Address

5269 SPRINGHILL DR

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32503

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1999

5. FEI Number

59-2737187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. STEPHEN LOPER

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

5269 SPRINGHILL DR

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

700252218167
09/30/13--01063--006 **2550.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

L. Stephen Loper

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	PAT MOONEY	5269 SPRINGHILL DR	PENSACOLA FL 32503
COO	STEVE LOPER	5269 SPRINGHILL DR	PENSACOLA FL 32503
CFO	NICK EDWARDS	5269 SPRINGHILL DR	PENSACOLA FL 32503
D	EDDIE FISHER	5269 SPRINGHILL DR	PENSACOLA FL 32503
REINSTATEMENT			S. HAWKES
2001 - 2013			OCT 1 2013

10. E-mail Address:

(To be used for future annual report notification)

EXAMINED

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nick Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #