

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000055581

1. Corporation Name

Total Medical Information
Management Systems

2. Principal Office Address

407 Wekiva Springs Rd

Suite, Apt. #, etc.

Suite 347

City & State

Longwood, FL

Zip

32779

Country

USA

3. Mailing Office Address

407 Wekiva Springs Rd

Suite, Apt. #, etc.

Suite 347

City & State

Longwood, FL

Zip

32779

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/99

5. FEI Number

59-3582881

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

J.A. Jurgens

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

505 Wekiva Springs Rd

Suite, Apt. #, Etc.

Suite 800

City

Longwood

State

FL

Zip Code

32779

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

REGISTERED AGENT MUST SIGN

Date

11/25/03

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
D	Wayne Chilton	407 Wekiva Springs Rd Suite 347	Longwood, FL 32779
D	Donald Beavers	407 Wekiva Springs Rd Suite 347	Longwood, FL 32779

10. 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 #

11-25-2003 407-788-6353

CR2E081 (10/02)

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