

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S68471

1. Corporation Name

PRN MEDICAL BUSINESS SERVICES, INC.

2. Principal Office Address

10502 SE 29 AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

USA

3. Mailing Office Address

P.O. Box 4936

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34478

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/91

5. FEI Number

59-3080483

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

MICHAEL F. MACKENZIE

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

10502 SE 29 AVE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34480

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

Michael F. Mackenzie
REGISTERED AGENT MUST SIGN

Date

08/26/03

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
P	MICHAEL F. MACKENZIE	10502 SE 29 AVE	OCALA, FL 34480
V/S/T	LORI L. MACKENZIE	10502 SE 29 AVE	OCALA, FL 34480

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:

Michael F. Mackenzie

LORI L. MACKENZIE

08/26/03

352-620-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)