PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

198

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02 VBB

FILED
02 JAN 29 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DOCUMENT # P00000094424

**1.** Corporation Name

Alliance Medical Consultants, Inc.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 264 South Tradewinds Ave | 264 South Tradewinds Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Laud-by-The-Sea FL | City & State: Laud-by-The-Sea FL |
| Zip: 33308 Country: USA | Zip: 33308 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 9 October 2000

**5.** FEI Number: 65-1045159 ☐ 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: Dorinda Owen

Street Address (P.O. Box Number is Not Acceptable): 264 South Tradewinds Ave.

Suite, Apt. #, Etc.:

City: Lauderdale-by-The-Sea, FL 33308 State: FL Zip Code: 33308

**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: Dorinda Owen Date: 1/13/02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

**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 CEO | Dorinda Owen | 264 South Tradewinds Ave Laud-By-The-Sea FL 33308 | Laud-By-The-Sea FL 33308 |
| | | | |
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**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:** Dorinda Owen 01/13/02 954-296-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

**Alliance Medical Consultants, Inc.**

264 So. Tradewinds Ave.
Lauderdale-by-The-Sea, Fl
33308

Phone: 954-296-1200
fax: 954-771-6320
Email: gelcellgirl@aol.com

202

January 13, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32399

To Whom It May Concern,

Recently, I became aware of the fact that I should have filed a uniform business report. I acquired this business last year in March. I was told that all the corporate responsibilities were in order. I had not received the appropriate forms, (which does not surprise me), many other types of forms had been sent to the previous address. I am a single mom, and my business is breaking even. I called and spoke to a gentleman, who suggested that I write this letter, and explain the circumstances. I pray that you will accept my explanation. He suggested I enclose this check for $300.00 to reinstate the corporation. Your kindness and consideration is greatly appreciated.

Best Regards,
Dorinda Owen
Alliance Medical Consultants, Inc.
FEIN/SSN
65-1045159

Lab Mosaic