

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # PA8000041486

1. Corporation Name

Record Transcripts of America, Inc.

Principal Place of Business

Mailing Address

7000 W Palmetto Park Road, Suite 400
Boca Raton, FL 33433

FILED

99 DEC 20 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable <u>7000 W Palmetto Pk Rd</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>Boca Raton, FL</u> Zip <u>33433</u> Country <u>USA</u>		3. New Mailing Office Address, if Applicable <u>7000 W Palmetto Pk Rd</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>Boca Raton, FL</u> Zip <u>33433</u> Country <u>USA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>May 7, 1998</u>	
		5. FEI Number <u>65-0853266</u>		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	David William Tucker	2829 Agricola Street	Halifax, Nova Scotia B3K 4E5
Sec.			
Treas.			

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-12/29/99--01077--009
*****750.00 *****750.00
LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Steven Garellek
7000 W Palmetto Park Road, Suite 200
Boca Raton, FL 33433

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Dec 10, 1999

11. This corporation owes 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 807 or 817, 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

D. William Tucker, President

December 9, 1999 902-453-0700

Date

Daytime Phone