


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 15 AM 8:00

DOCUMENT # **PA8000047371**

1. Corporation Name  
**TRAUMA INFORMATION SERVICE, INC.**

2. Principal Office Address <b>2040 NE 163 ST.</b>		3. Mailing Office Address <b>2040 NE 163 ST</b>	
Suite, Apt. #, etc. <b>202B</b>		Suite, Apt. #, etc. <b>202B</b>	
City & State <b>N. MIAMI BCH, FL</b>		City & State <b>N. MIAMI BCH FL</b>	
Zip <b>33180</b>	Country <b>U.S.A.</b>	Zip <b>33180</b>	Country <b>U.S.A.</b>

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified To Do Business in Florida <b>5/22/98</b>	Applied For <input type="checkbox"/>
5. FEI Number <b>65-0850293</b>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **ROSENA ETIENNE** **500004713635--8**

Street Address (P.O. Box Number is Not Acceptable) **2040 NE 163 ST.** **-12/07/01--01004--017**

Suite, Apt. #, Etc. **202B** **\*\*\*\*200.00 \*\*\*200.00**

City **N. MIAMI BCH.** State **FL** Zip Code **33180**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent *Rosena Etienne* 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
<b>PD</b>	<b>ROSENA ETIENNE</b>	<b>2040 NE 163 ST. STE B 202</b>	<b>N. MIAMI BCH, FL 33180</b>

**500004713635--8**  
**-12/07/01--01004--018**  
**\*\*\*\*700.00 \*\*\*\*700.00**  
**AD**

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 807 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 807.0401 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: *Rosena Etienne* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR