

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT -8 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001107

1. Corporation Name

North American Medical Information Service, Inc

2. Principal Office Address - No P.O. Box #

10303 SW 48th PI

3. Mailing Office Address

10303 SW 48th PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32608

Country

USA

Zip

32608

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/25/2000

5. FEI Number

23-5054924

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

Yili Zhou

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

10303 SW 48th PI

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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10/07/08--01044--013 \*\*\$ 75

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

*Yili Zhou*  
REGISTERED AGENT MUST SIGN

Date

10/06/08

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	Yili Zhou	10303 SW 48th PI	Gainesville, FL 32608
VP	Sally Lin	10303 SW 48th PI	Gainesville, FL 32608
M	Linwen Zhou	10303 SW 48th PI	Gainesville, FL 32608

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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 contained in Chapter 119, 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:

*Sally Lin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally Lin

10/06/08  
Date

352-562-1019  
Daytime Phone #