

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -3 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

F9500000985

ATC HEALTHCARE SERVICES, INC

2. Principal Office Address

1983 Marcus Ave, Suite E122  
Suite, Apt. #, etc.

3. Mailing Office Address

1983 Marcus Ave  
Suite, Apt. #, etc.  
Suite E122

City & State

Lake Success, NY

City & State

Lake Success, NY

Zip

11042

Country

Zip

11042

Country

100021463701

07/10/03--01060--008 \*\*150.00

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

58-1642356

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

The Prentice Hall Corporation System, Inc

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

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State

FL

Zip Code

32301

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

Shuley B. Blewett Authorized  
REGISTERED AGENT MUST SIGN Representative

Date

July 2, 2003

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
CFO	Alan Levy	1983 Marcus Ave, Suite E122	Lake Success, NY 11042
President	Stephen Sawitsky	1983 Marcus Ave, Suite E122	Lake Success, NY 11042
COO	Ed Teixeira	1983 Marcus Ave, Suite E122	Lake Success, NY 11042
CEO	David Sawitsky	1983 Marcus Ave, Suite E122	Lake Success, NY 11042

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:

Alan Levy, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/13/03

516-750-1600

Daytime Phone #

CR2E081 (10/02)

7/3