

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 NOV 18 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001662

1. Corporation Name
American Transcriber of Florida, Inc.

Principal Place of Business
1800 Bering Ste. 400
Houston, TX 77057

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, if Applicable
1777 Phoenix Parkway

3. New Mailing Address, if Applicable
1777 Phoenix Parkway

4. Date Incorporated or Qualified
To Do Business in Florida
3/24/98

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

5. FEI Number

Applied For

City & State
Atlanta, GA 30349

City & State
Atlanta, GA

Zip
30349

Country
USA

Zip
30349

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
P, S	Sean S. Carroll	1777 Phoenix Parkway, Suite 101	Atlanta, GA 30349
VP	James D. Long	1777 Phoenix Parkway, Suite 101	Atlanta, GA 30349
			500003053145--8
			-11/23/99--01058--000
			****750.00 ****750.00
			REINSTATEMENT
			500003053145--8
			-11/23/99--01058--010
			*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
30361

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Carrie Bagan Carrie Bagan, Special Asst Secy Date 11-18-99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: James D. Long Vice President 11/17/99 770/909-1224
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #