

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 DEC 31 PM 3:05

DOCUMENT # P00000017046

1. Corporation Name

SUE THOMPSON TRANSCRIPTION SERVICES, INC.

2001
40R

Principal Place of Business

3341 N.W. 65TH STREET
FT. LAUDERDALE FL 33309

Mailing Address

3341 N.W. 65TH STREET
FT. LAUDERDALE FL 33309



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/2000

5. FEI Number

650983207

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THOMPSON, SUE	3341 N.W. 65TH STREET	FT. LAUDERDALE FL 33309
			400004769874--7 01/11/02--01060--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

JAMES D. HALEY, P.A.
2122 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

Jeffrey S. Thompson

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

3341 NW 65 St.

Suite, Apt. #, Etc.

City

Fort lauder dale

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/30/01

11. 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)(f), 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:

Sue Thompson President/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/01 (954) 973-6097

Daytime Phone #

CR2E040 (8/01)

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Sue Thompson Transcription Services, Inc.
3341 Northwest 65th Street, Fort Lauderdale, Florida 33309
(954) 973- 6097

November 30, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please note that I have never previously received any notification regarding the revocation of this corporation, or reinstatement process.

Enclosed please find my check for \$150 and all necessary documentation.

Thank you for your attention to this matter.

Sincerely,



Sue Thompson, President

/st