PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 JAN 29 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094096

1. Corporation Name

ADVANTEC MEDICAL TRANSCRIPTION, INC.

Principal Place of Business	Mailing Address
11024 CLAYMORE ST. SPRING HILL FL 34608	11024 CLAYMORE ST. SPRING HILL FL 34608

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
11186 SPRING HILL DR.	11186 SPRING HILL DR.
Suite, Apt. #, etc.: #210	Suite, Apt. #, etc.: #210
City & State: SPRING HILL, FL 34609	City & State: SPRING HILL, FL 34609
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/2000

5. FEI Number: 59-3672781 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D / P/S	BEATTY, PATRICIA T	11024 CLAYMORE ST.	SPRING HILL FL 34608
D / VP/T	KACZYNSKI, VICTORIA M	~~11024 CLAYMORE ST.~~ 9514 VANCOUVER ROAD	SPRING HILL FL 34608
			000004883070--7 -02/06/02--01023--018 ****900.00 ****900.00
		REINSTATEMENT	01-02

8. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
23 E. TARPON AVE.
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name: BEATTY, PATRICIA T.
Street Address (P.O. Box Number is Not Acceptable): 11186 SPRING HILL DRIVE
Suite, Apt. #, Etc.: #210
City: SPRING HILL State: FL Zip Code: 34609

CR2E040 (8/01)

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 X Patricia Beatty 1/24/02 Victoria M Kaczynski SIGNATURE REQUIRED Date X 12/28/01
REGISTERED AGENT MUST SIGN

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)(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: X Patricia Beatty SIGNATURE REQUIRED PATRICIA T. BEATTY X 12/28/01 352-686-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #