

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 PM 12:58

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025766

1. Corporation Name

American Medical Information, Inc.

2. Principal Office Address
7-B Pleasant Blvd.

Suite, Apt. #, etc.
1175

City & State
Toronto, Ontario

Zip Country
M4T 1K2 Canada

3. Mailing Office Address
7-B Pleasant Blvd.

Suite, Apt. #, etc.
1175

City & State
Toronto, Ontario

Zip Country
M4T 1K2 Canada

**4. Date Incorporated or Qualified
To Do Business in Florida** March 8, 2001

5. FEI Number
65-1096573

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
Michael Singh

Street Address (P.O. Box Number is Not Acceptable)
1515 N Federal Highway

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33432

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

Mike Singh

Date 12-20-02

REGISTERED AGENT MUST SIGN

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/D	J Wheatley	3495 Cambie Street, Suite 161	Vancouver, B.C. V5Z 4R3 Canada
Sec	Michael Singh	1515 Federal Highway	Boca Raton, Florida 33432

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:

Mike Singh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-02

Date

1-877-917-9937

Daytime Phone #

CR2E081 (9/01)

71 12/20

AMERICAN MEDICAL INFORMATION, INC.

7-B Pleasant Boulevard, Suite 1175

Toronto, Ontario, Canada M4T 1K2

Phone 1-877-917-9937

Fax 1-877-917-9937

December 21, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Subject: Reinstatement of Dissolved Florida Corporation
American Medical information, Inc. P01000025766

Dear Sir or Madam:

This is a request for waiver of penalties in connection with the failure to file the above corporation's report because we did not receive a report to file. Apparently, the report was mailed to a former U.S. address, rather than our current address, which is in Canada. Enclosed is a check in the amount of \$150.00 U.S. for the payment of the fee, exclusive of penalties.

Enclosed is Corporation Reinstatement form completed for filing with your office.

Thank you for your assistance.

Very truly yours,



Jay D. Wheatley
President