

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040035**

1. Corporation Name

LTD MEDICAL RECORD CONSULTING SERVICES INC.

Principal Place of Business

P.O. BOX 13281
ST. PETERSBURG FL 33733

Mailing Address

P.O. BOX 13281
ST. PETERSBURG FL 33733

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2001

5. FEI Number

59-3713242

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
PSD	WALLACE, LAKEBA	P.O. BOX 13281	ST. PETERSBURG FL 33733

800008565368
10/24/02--01037--024 **150.00

8. Name and Address of Current Registered Agent

WALLACE, LAKEBA
3590 FIRST AVE. NORTH, STE. 111
ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

Wallace, Lakeba

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

3881 Kingfish DRIVE S.E

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33705

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lakeba Wallace

Date

10/21/02

Daytime Phone #

08/10/5/01

CR2E040 (8/02)

**LTD MEDICAL RECORD CONSULTING SERVICE, INC.
P.O. BOX 13281
ST. PETERSBURG, FLORIDA 33733
727-823-2072**

October 21st, 2002

**Department of State
Division of Corporations
P.O.-Box 6327
Tallahassee, Florida 32314**

**RE: Reinstatement
Document # P01000040035**

To Whom It May Concern:

Currently, I am on medical leave due to the diagnosis of right breast cancer. I am undergoing chemotherapy and radiation therapy. This unforeseen circumstance has caused a delay in many aspects of my life, including business.

The reinstatement fee is out side of my financial reach at this time. Therefore, I am asking that the reinstatement fee be waived. I am however enclosing the annual report fee (\$61.25) and the corporate supplemental fee (\$88.75).

Thank you in advance for understanding this unfortunate matter.

Respectfully submitted,



Ms. Lakeba Wallace, RHIT