

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DOCUMENT # P01000101888

1. Corporation Name

MRJ SCRIBE INC.

Principal Place of Business

5750 NE 27TH AVENUE
FORT LAUDERDALE FL 33308

Mailing Address

5750 NE 27TH AVENUE
FORT LAUDERDALE FL 33308



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

10/22/2001

5. FEI Number

65-1151479

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

CUSSEN, RYAN

5750 NE 27TH AVENUE

FORT LAUDERDALE FL 33308

D

ROBINSON, MICHAEL

5750 NE 27TH AVENUE

FORT LAUDERDALE FL 33308

500008579585
10/24/02-01106-007 **150.00

8. Name and Address of Current Registered Agent

ROBINSON, MICHAEL
5750 NE 27TH AVENUE
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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)(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:

SIGNATURE REQUIRED
Ryan Cussen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

Daytime Phone #

954-600-9575

CR2E40 (8/02)



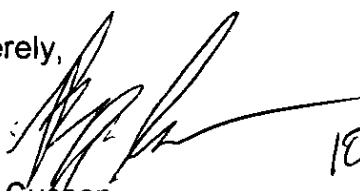
MRJ SCRIBE

Medical Transcription Experts

To Florida Department of State:

This letter is to inform you that our office never received the two prior uniform business report notices. Enclosed is the appropriate UBR filing fee of \$150.00 dollars.

Sincerely,


Ryan Cussen
Director
MRJScribe

10/21/02