

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065717

1. Corporation Name

ALTERNATIVE MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

5795 LA GORCE CIRCLE
LAKE WORTH FL 33463

5795 LA GORCE CIRCLE
LAKE WORTH FL 33463

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

06/13/2002

5. FEI Number

45-048-7207

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 93-04

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	SCHNEIDER, JEFFREY S	5795 LA GORCE CIRCLE	LAKE WORTH FL 33463

200029308277
02/24/04--01039--022 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, JEFFREY S
5795 LA GORCE CIRCLE
LAKE WORTH FL 33463

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

Jeffrey S. Schneider
REGISTERED AGENT MUST SIGN

Date

2-20-04

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.

JEFFREY S. SCHNEIDER

SIGNATURE:

Jeffrey S. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

561-964-4632

Daytime Phone #

CR2EM40 (7/03)

2-20-04


Florida Department of State,

Please reinstate my corporation, Alternative Medical Services, Inc., to an active status.

Enclosed is a completed 'Application for Reinstatement' form and check for \$300.00 as advised to do by your agent.

As this corporation did not receive the two prior uniform business report notices, please waive the late (penalty) fee.

Thank You,


Jeffrey S. Schneider

Director of Alternative Medical Services, Inc.

5795 La Gorce Circle
Lake Worth, FL.

33463

561-964-4632