PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS RIPED CHECK

CORPORATION	
REINSTATEMEN	l



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

10 MAR 10 PH 4: 21

	UMENT	T # P030001285	37		ALLAHASSEE, FLORIDA							
ALLIED MEDICAL SERVICE INC							1	REINSTATEMENT				
Principal Office Address - No P.O. Box # 3. Mailing Office Address							⊣ ը₃/լ	- 700171797097 03/11/1001001016 **1235.00				
				FEDERAL HIGHWAY					081 (11/09)	to Seek Trans. Teles of		
Suite, Apt. #, etc. Suite, Apt.				, etc.			_			to come the spectromer manager.		
STE E			103C					4. Date Incorporated or Qualified To Do Business in Florida 11/05/2003 5. FEI Number Applied For Not Applicable				
City & State		- ·	City & State	·								
CLEAF	RWATER	Country	POMPANO FL Zip Country				- 6.					
33765			33064			Country		CATE OF STATUS DESIRE	\$8.75 Add for a Ce	itional Fee required		
		7. Name and Address o	ļ	stered Ager	ıt		+					
Name TERRI STUDEBACKER								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address (P.O. Box Number is Not Acceptable) 4699 N. FEDERAL HIGHWAY STE 103C						the						
Suite, Apt #, Etc.						rece						
City POMP	ANO			State Zip Code FL 33064			100 DO Walfed.					
8. I, being Signature o Registered	of (ne registered agen of the abo	egistered AG	that	Da.	and accept the o	obligations of s	ection 607.0505 or 617.	.0503, F.S.	10		
9. Names	s and Street A	Addresses of Each Officer and	d/or Director (Fk	orida nonpro	fit corpora	ations must list at I	east 3 directors	s)				
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip				
PRES	TERRI	STUDEBACKER	2140 F	RANG	E RD STE	E	CLEARWA	CLEARWATER FL 33765				
VP	S. GON	IZALEZ	4699 N. FEDERAL HIGHWAY				POMPANO	POMPANO FL 33065				
DIR	м. ѕмп	ГН	4568 N. WINE RD				CLEARWA	CLEARWATER FL 33765				
									M. MILLIGAN EXAMINER	4		
								N	MAR 1 0 20	10		
^{10.} E-ma	ail Addres	35:		.= :								
11 certify	that I am an c	 officer or director or the receiv	ver o <u>r trus</u> tee er	powered to	execute th	r future annual repor this application as (provided for in	chapter 607 or 617, F.S	S. I further certify t	hat when filing		
this rein	nstatement app	plication, the reason for disso ion have been paid. Turther c	lution has been	eliminated, t	the corpora	ate name satisfies	the requireme	nts of section 607.0401	or 617.0401, F.S.	, that all fees		

made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR