

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 31 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000132552

1. Corporation Name T.A. Legal Nurse Consultant, Inc.

2. Principal Office Address

3985 N.W. 176st

Suite, Apt. #, etc.

Miami Gardens, Fla.

City & State

Zip 33055

Country USA
Miami-Dade

3. Mailing Office Address

P.O. Box 173635

Suite, Apt. #, etc.

City & State

Hialeah, Fla.

Zip 33017

Country USA
3635

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

05-0609403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Willie Allen Thomas-Anderson

Street Address (P.O. Box Number is Not Acceptable)
3985 N.W. 176st.

Suite, Apt. #, Etc.
Miami Gardens, Fla.

City Miami Gardens, Fla.

State
FL

Zip Code
33055

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

Willie Thomas-Anderson

Date

4/28/06

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
1	<u>Willie Allen Thomas-Anderson</u> <u>Director</u>	<u>3985 N.W. 176st.</u>	<u>Miami Gardens</u> <u>Fla. 33055</u>

\$26/8

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 contained in Chapter 119, 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:

Willie Thomas-Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

305
625-8433

Daytime Phone #