

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40281

1. Corporation Name **InfoMed of New Jersey, Inc.**
[cross ref: InfoMed, Inc.]

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable
6600 Powers Ferry Road

3. New Mailing Office Address, if Applicable
6600 Powers Ferry Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Atlanta, Georgia

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Atlanta, Georgia

Zip **30339** Country **USA**

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FILED
97 JUN 20 PM 12: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-97

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/92

5. FEI Number
22-1891790

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
1	2	3	4
D, V	James R. Henderson	6600 Powers Ferry Road	Atlanta, GA 30339
D, P	Donald A. VanderBeke	6600 Powers Ferry Road	Atlanta, GA 30339
D	Gary W. Rasmussen	6600 Powers Ferry Road	Atlanta, GA 30339
T	Lori N. Siegel	6600 Powers Ferry Road	Atlanta, GA 30339
S	James A. Tramonte	6600 Powers Ferry Road	Atlanta, GA 30339

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

10. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the provisions of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

6/19/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Lori N. Siegel

Lori N. Siegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/97
Date

770-644-6533
Daytime Phone #

CR2E140 (12/96)