

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 26 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037733

1. Corporation Name

MED TRAN SCHOOL AND TRANSCRIPTION SERVICE, INC.

Principal Place of Business

Mailing Address

6400 N DAVIS HWY
PENSACOLA FL 32504
US

6400 N DAVIS HWY
PENSACOLA FL 32504
US

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

05/10/1995

5. FEI Number

59-3397185

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GRIFFIN, JOANNE	10129 VIXEN PLACE 1325 Foxborough Dr	PENSACOLA FL 32514
			100005419231--4 -05/02/02--01011--011 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFIN, JOANNE
~~10129 VIXEN PLACE~~
PENSACOLA FL 32514

~~10129 VIXEN PLACE~~
1325 Foxborough Dr

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.

Signature of
Registered Agent

Joanne Griffin
REGISTERED AGENT MUST SIGN

Date

3-14-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Griffin

Date

3-14-02

Daytime Phone #

CR02040 (8/01)

2012

MED TRAN SCHOOL AND TRANSCRIPTION SERVICE, INC.
6400 N. Davis Highway
Suite 5
Pensacola, FL 32504
(850) 857-0087

March 22, 2002

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation status

Dear Sir or Madam:

As per telephone call yesterday and upon talking to an inspector, please note that I did not receive a UNIFORM BUSINESS REPORT last year. Therefore, as per instruction, I am writing you this letter and enclosing \$300 for reinstatement. Also I am sending \$8.75 for a copy of Certificate of Status on the corporation.

Sincerely,



Joanne Griffin
Director