

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 31 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088936

1. Corporation Name

ACCU-TRANSCRIPTIONS, INC.

Principal Place of Business

1133 MOURNING DOVE LANE
WELLINGTON FL 33414

Mailing Address

1133 MOURNING DOVE LANE
WELLINGTON FL 33414



REINSTATEMENT 1996

MW3
1-4-97

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc. N/A

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. N/A

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/20/1995

5. FEI Number

65-0658338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PPR Reg Agent	DEBORAH C. MARTIN	1133 MOURNING DOVE LN	WELLINGTON, FL 33414
Officer	SAME		

100002048521--4
-01/07/97--01113--004
***375.00 ***375.00

8. Name and Address of Current Registered Agent

MARTIN, DEBRAH C
1133 MOURNING DOVE LANE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Deborah C. Martin
REGISTERED AGENT MUST SIGN

Date

9-17-96

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)(f), 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:

Deborah C. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96
Date

561-7959579
Daytime Phone #