

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003259

1. Corporation Name

AMERICAN MEDICAL SOLUTIONS CORP.

2. Principal Office Address

3414 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

DANIA, FL

Zip

33312

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/10/96

5. FEI Number

65-0644380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM R. TURNER, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

8751 W. BROWARD BLVD.

Suite, Apt. #, Etc.

207

City

PLANTATION

State

FL

Zip Code

33324

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

William R. Turner, C.P.A.

REGISTERED AGENT MUST SIGN

Date 10/31/00

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | DANIEL GOLD | 3414 GRIFFIN ROAD | DANIA, FL 33312 |
| VP/S | MARCIA JOSOWITZ | 3414 GRIFFIN ROAD | DANIA, FL 33312 |
| T/CFO | PRADIP JANI | 3414 GRIFFIN ROAD | DANIA, FL 33312 |
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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 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:

Pradip Jani
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

(954) 331 4860

Daytime Phone #

CR2E081 (9/99)