

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

99 OCT 25 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026900

1. Corporation Name

KAL TRANSCRIPTION SERVICES, INC.

Principal Place of Business

6598 NW 29TH STREET
SUNRISE FL 33313

Mailing Address

6598 NW 29TH STREET
SUNRISE FL 33313

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

2. New Principal Office Address, If Applicable

9786 N.W. 41st St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9786 N.W. 41st St.
Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

U.S.

Zip

33351

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1996

5. FEI Number

65-0649664

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	City / State / Zip
D, P	CROSBY, PAMELA K.	6598 NW 29TH STREET 9786 N.W. 41st STREET	SUNRISE FL 33313 SUNRISE FL 33351
S	CROSBY, DAVID L.	6598 N.W. 29TH STREET 9786 N.W. 41st STREET	SUNRISE FL SUNRISE FL 33351

000003034130--9
-11703799--01069--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CROSBY, PAMELA
6598 NW 29TH STREET
SUNRISE FL 33313

9. Name and Address of New Registered Agent

Name

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

9786 N.W. 41st STREET

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

Pamela K. Crosby

REGISTERED AGENT MUST SIGN

Date 10/19/99

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: *Pamela K. Crosby* PAMELA K. CROSBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99 954-572-8540

OR 954-572-0187

KE

KAL TRANSCRIPTION SERVICES, INC.

9786 N.W. 41st STREET
SUNRISE, FL 33351
U.S.

Phone 954-572-8540
Fax 954-747-8609

OCTOBER 19, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P.O. BOX: 6327
TALLAHASSEE FL 32314-6327

RE: REINSTATEMENT OF CORPORATION: KAL TRANSCRIPTION SERVICES, INC.

TO WHOM IT MAY CONCERN:

I RECEIVED A NOTICE IN THE MAIL TODAY REGARDING THE DISSOLUTION OF THIS CORPORATION (THIS IS THE FIRST LETTER I AM RECEIVING REGARDING THIS). THIS FORM HAD BEEN SENT TO OUR OLD ADDRESS. IT HAD BEEN OPENED AND STAPLED SHUT AGAIN; BUT I DON'T BELIEVE IT EVER WENT BACK TO THE POST OFFICE, AS THE NEW ADDRESS IS HAND WRITTEN, WITH NO LABELS OR MARKS FROM THE POSTAL SERVICE (I AM ENCLOSING A COPY OF IT IN CASE YOU WOULD LIKE TO SEE IT). I DID NOT RECEIVE THE FIRST LETTER. .

I CALLED AND TALKED TO 'MICHELLE' YESTERDAY AND SHE INSTRUCTED ME TO WRITE TO YOU AND ENCLOSE THE CORRECTED FORM FOR YOUR REVIEW THAT YOU MAY POSSIBLY RECONSIDER THIS DISSOLUTIONMENT.

I JUST WANT TO TELL YOU THAT I HONESTLY DID NOT REALIZE THAT YOU DID NOT HAVE MY NEW ADDRESS. WE MOVED APPROXIMATELY A YEAR AND A HALF AGO. MY ACCOUNTANT TAKES CARE OF MY PAPERWORK AND I AM SURE I SPOKE TO HIM REGARDING OUR ADDRESS CHANGE. I REALLY WAS TOTALLY UNAWARE THAT YOU STILL HAD OUR OLD ADDRESS. I IMPORE YOU TO RECONSIDER THIS. I WILL TAKE CARE OF THIS MATTER MYSELF FROM NOW ON, AND THIS WILL NEVER HAPPEN AGAIN. I DO NOT TAKE MATTERS SUCH AS THIS LIGHTLY AND WOULD OF NEVER DISREGARDED THE FIRST LETTER. I IMPORE YOU TO RECONSIDER. I FILLED OUT THE FORM AS INSTRUCTED AND AM ENCLOSING A CHECK FOR THE FILING FEE. PLEASE NOTIFY ME IF THERE IS ANY PROBLEM WITH THIS. THANK YOU.

SINCERELY YOURS,

Pamela K. Crosby
PAMELA K. CROSBY

DIRECTOR AND PRESIDENT
KAL TRANSCRIPTION SERVICES, INC.

Enc: 2