

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98-9900 REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000098036		
1. Corporation Name MEDSCRIBE GROUP INC.		
Principal Place of Business <i>6180 CELADON CR. 1001 ROSEWOOD WAY PALM BEACH GARDENS FL 33418</i>		Mailing Address <i>6180 CELADON CR. 1001 ROSEWOOD WAY PALM BEACH GARDENS FL 33418</i>
If above addresses are incorrect in any way, line through incorrect information and enter correct information below.		
2. New Principal Office Address, If Applicable <i>6180 CELADON CR.</i>	3. New Mailing Office Address, If Applicable <i>6180 CELADON CR.</i>	
Suite, Apt. #, etc. <i>1609 Prosperity Farms Rd Lake Park, FL 33403</i>	Suite, Apt. #, etc. <i>1609 Prosperity Farms Rd Lake Park, FL 33403</i>	
City & State <i>P. Bch Gardens, FL</i>	City & State <i>P. Bch gardens, FL</i>	
Zip <i>33418</i>	Zip <i>33418</i>	Country <i>USA</i>
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 LINDEMANN, REBECCA J	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) <i>1001 ROSEWOOD WAY 6180 CELADON CR.</i>
8. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD, #211 PALM BEACH GARDENS FL 33418		
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
10. Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. Signature of Registered Agent <i>Rebecca J. Lindemann, V.P. LAURINART</i> 12/9/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Rebecca J. Lindemann</i>		12/9/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12/9/98

REINSTATEMENT 98-9900

4. Date Incorporated or Qualified To Do Business in Florida <i>12/04/1996</i>
5. FEI Number 65-0711315
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
7. City / State / Zip PALM BEACH GARDENS FL 33418
8. <i>700002821157-4 08/29/99-01008-001 \$1000.00 ***1000.00</i>
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CR2040 (9/98)