

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

99 MAR 18 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098036

1. Corporation Name

MEDSCRIBE GROUP INC.

Principal Place of Business

~~6180 BELMONT CR.~~
~~1901 ROSEWOOD WAY~~

PALM BEACH GARDENS FL 33418

Mailing Address

6180 CELADON CR.

1901 ROSEWOOD WAY

PALM BEACH GARDENS FL 33418

1609 Prosperity Lane Rd
Lake Park, FL 33403

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

2. New Principal Office Address, If Applicable

~~6180 BELMONT CR.~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6180 CELADON CR.

Suite, Apt. #, etc.

City & State

P. Bch Gardens, FL

Zip

33418

Country

USA

City & State

P. Bch gardens, FL

Zip

33418

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1996

5. FEI Number

65-0711315

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 (Do NOT use Post Office Box Numbers)	City / State / Zip
D	LINDEMANN, REBECCA J	1901 ROSEWOOD WAY 6180 CELADON CR.	PALM BEACH GARDENS FL 33418

700002821157-4
-03/29/99-01003-001
***1000.00 ***1000.00

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

FL

Zip Code

10. 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

[Signature] V.P. LADKINE 12/9/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/98
Daytime Phone #