

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043304

1. Corporation Name

TRANSCRIPTION & DATA SERVICES, INC.

Principal Place of Business

6289 W SUNRISE BLVD  
SUITE 205  
SUNRISE FL 33313

Mailing Address

874 AURELIA ST.  
BOCA RATON FL 33486



600009319196  
12/03/02--01051--005 \*\*150.00

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/12/1997

5. FEI Number

- 65-0751375-

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALIA, ANIL	874 AURELIA ST.	BOCA RATON FL 33486
D	PATEL, NAREN	874 AURELIA ST.	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

WALIA, ANIL  
874 AURELIA ST.  
BOCA RATON FL 33486

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/26/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/02 9543215666

Daytime Phone #

**Transcription & Data services, Inc.**  
**6289 W. Sunrise Blvd • Sunrise, FL 33313**  
**Voice : 954 321 5666 • Fax : 954 321 5544 • tdsius@telocity.com**

November 22, 2002

To : The office of the Secretary of State of Florida

Gentlepersons :

Please be advised that we did not receive a set of Documents to file an Annual report / Uniform Business report for the year 2002. We also did not receive any reminders to file the above referenced report.


Therefore we were surprised to receive a notice of Administrative Dissolution or Revocation.

I phoned your office at the numbers provided, and spoke with Agent Tyrone Scott and also his Supervisor, Andy Dunlap, and advised them of the above facts, requesting that penalties / late fees be waived in view of the fact that we had received no notice to file the 2002 Uniform Business Report, or a reminder.

Andy Scott asked me to state these facts in a letter and attach it to the application for Reinstatement, along with the normal Filing fee of \$ 150,00, both of which are enclosed.

Kindly reinstate this Corporation and waive any and all late fees and / or penalties.

Sincerely,

  
Anil Walia  
Director