

*CAPITAL CONNECTION

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05/03 '99 10:13 NO.590 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY -5 AM 11:16
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000067579

1. Corporation Name
Associated Transcription Services Corporation

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1601 Lyons Rd

Suite, Apt. #, etc.
C6

City & State
Coconut Creek, FL

Zip
33073

Country
USA

3. New Mailing Office Address, If Applicable

PO Box 970991

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33497

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

7/97

5. FEI Number

65-0773279 332312

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PVP, ST</u>	<u>Alpha O'Brien</u>	<u>11345 Chipmunk Dr.</u>	<u>Boca Raton, FL 33428</u>

~~600002868016~~ 7
-05/07/99--01128--007
****300.00 ****300.00
7/3/99
6/5/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alpha O'Brien
11345 Chipmunk Dr.
Boca Raton, FL 33428

Name
Alpha O'Brien
Street Address (P.O. Box Number is Not Acceptable)
11345 Chipmunk Dr.
Suite, Apt. #, Etc.
City
Boca Raton
State
FL
Zip Code
33428

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 Alpha O'Brien

Date 5/3/99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Alpha O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99 1954 725-2623
Date Daytime Phone #

Filed 3/11/99 (Returned)
4/29/99

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A.T.S.C.

Associated Transcription Services Corporation

6601 Lyons Road, Coconut Creek, Florida

Tel: 954-725-2623

Mailing Address: P.O. Box 970991, Boca Raton, Florida 33497

April 22, 1999

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

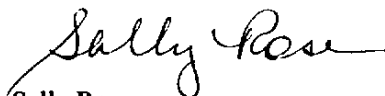
To Whom It May Concern:

Enclosed please find an Application for Reinstatement for Associated Transcription Services Corporation. We recently moved and our mail has been forwarded to a P.O. Box. Unfortunately, the renewal notice issued by your office was never received.

Please accept this check for \$300.00 to cover the expense of reinstating Associated Transcription Services Corporation.

If I can be of further assistance, please do not hesitate to contact me at (954) 725-2623. Thank you.

Sincerely,



Sally Rose
Administrative Assistant

Enc.

CC: Alpha O'Brien