PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P98000047371

1. Corporation Name

TRAUMA INFORMATION SERVICE, INC.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
2040 NE 163 ST.	2040 NE 163 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
202B	202B
City & State	City & State
N. MIAMI BCH, FL	N. MIAMI BCH FL
Zip 33180	Country U.S.A.	Zip 33180	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 5/22/98

5. FEI Number 65-0850293   ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROSENA ETIENNE

Street Address (P.O. Box Number is Not Acceptable) 2040 NE 163 ST.

Suite, Apt. #, Etc. 202B

City N. MIAMI BCH.   State FL   Zip Code 33180

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****200.00 ***200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ X _Rosena Etienne_   Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROSENA ETIENNE	2040 NE 163 ST. STE B 202	N. MIAMI BCH, FL 33180
			5000047136355--B -12/07/01--01004--018 ****700.00 ****700.0 AD

10. 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: X _Rosena Etienne_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #