

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106095

1. Corporation Name

ACCUMED DATA SOLUTIONS, INC.

Principal Place of Business

394 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address

394 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

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

12/21/1998

5. FEI Number

LS-0882849

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
	WINE, WILLIAM WINE	6735 CANARY PALM CIRCLE	BOCA RATON, FL 33433
			LS

8. Name and Address of Current Registered Agent

WINE, WILLIAM
6735 CANARY PALM CIRCLE
BOCA RATON FL 33433

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. 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

Date 10/29/99

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM WINE

Date

Daytime Phone #

10/29/99 954-425-7797

AccuMed Data Management, Inc. ②

October 29, 1999

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

As per my telephone conversation today with Kristen, attached is my request for reinstatement for Accumed Data Solutions, Inc.

August correspondence was sent to an old address and never received. However, you will see in your records that we did pay the filing fee.

In light of the above, reinstatement of the Company would be appreciated.

Thank you,

Sincerely,



William Wine
President