

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 12 PM 4:00

DOCUMENT # P99000055875

1. Corporation Name

A to Z TRANSCRIPTION, INC.

2. Principal Office Address

3245 Cross Fox DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 463

Suite, Apt. #, etc.

City & State

Mulberry, FL

Zip

Country

33860

USA

City & State

Mulberry, FL

Zip

Country

33860

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-18-99

5. FEI Number

59-3587007

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

Kimberly A. Noble

Street Address (P.O. Box Number is Not Acceptable)

3245 Cross Fox Drive

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

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

Kimberly Noble

REGISTERED AGENT MUST SIGN

Date 2-7-02

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
Pres Sec. Treas.	Kimberly A. Noble	3245 Cross Fox Drive	Mulberry, FL 33860

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:

Kimberly Noble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

863-425-5454

Daytime Phone #