

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**RECEIVED  
AND  
FILED**

1996 NOV -6 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S85313**

1. Corporation Name

**ADVANCED MEDICAL MESSAGING, INC.**

Principal Place of Business

407 WEKIVA SPRINGS ROAD, SUITE 205  
LONGWOOD FL 32779

Mailing Address

407 WEKIVA SPRINGS ROAD, SUITE 205  
LONGWOOD FL 32779

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

10/04/1991

5. FEI Number

59-3090785

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	KENNEY, JACK M.	837 EAGLE CLAW CT.	LAKE MARY FL
VD	KENNEY, DOROTHY H.	837 EAGLE CLAW CT.	LAKE MARY FL
			300002005163--4 -11/14/96--01106--023 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

KENNEY, JACK M.  
407 WEKIVA SPRINGS RD.  
SUITE 205  
LONGWOOD FL 32779

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/25/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/96  
Date

407-862-2700  
Daytime Phone #