

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 15 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V11691

**1. Corporation Name**

Island Automated Medical Services, Inc.

**2. Principal Office Address**

4953 Bacopa Lane So.

Suite, Apt. #, etc.

105 A

City & State

St. Petersburg, FL

Zip

33715

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

02/03/92

**5. FEI Number**

593109343

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100038257651  
06/28/04--01066--006 \*\*\*900.00

**7. Name and Address of Current Registered Agent**

Name

D&B Corporate Services, Inc.

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

5999 Central Avenue

Suite, Apt. #, Etc.

Suite 202

City

St. Petersburg

State

FL

Zip Code

33710

**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

REGISTERED AGENT MUST SIGN

Date

6-09-04

**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
P,D	John Travlos	4953 Bacopa Lane So.	St. Petersburg FL
S,D	Judy Travlos	4953 Bacopa Lane So.	St. Petersburg, FL

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John Travlos* John Travlos 6/9/04 906-8991  
(727)

CR2E081 (01/04)