

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

V-48570

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 29 AM 9:15

DOCUMENT #

REINSTATEMENT 93-96

1. Corporation Name

ALL TRANSCRIPTION SERVICES, INC.

SP

Principal Place of Business

Mailing Address

21346 St. Andrews Blvd., Suite 418
Boca Raton, FL 33433

600002002806--8
-11/13/96--01088--017
****975.00 ****975.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6/29/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
Pres.	Philip Scanlon	21346 St. Andrews Blvd. Suite 418	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Philip Scanlon
21346 Sant Andrews Avenue
Suite 418
Boca Raton, FL 33433

Name
Philip Scanlon
Street Address (P.O. Box Number is Not Acceptable)
21346 Saint Andrews Ave., #418
Suite, Apt. #, Etc.
Suite 418
City
Boca Raton
State
FL
Zip Code
33433

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

Philip Scanlon

REGISTERED AGENT MUST SIGN

Date

9/2/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

Philip Scanlon Philip Scanlon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/2/96 561 444 3930580