


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 19 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 60-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05712			
1. Corporation Name MEDICAL CLAIMS PROCESSORS GROUP, INC.			
2. Principal Office Address P O Box 8063 Suite, Apt. #, etc.		3. Mailing Office Address P O Box 8063 Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33468-8063	Country USA	Zip 33468-8063	Country USA

4. Date Incorporated or Qualified To Do Business in Florida August 1989	
5. FEI Number 65-0152362	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Elaine C Hines	
Street Address (P.O. Box Number is Not Acceptable) 725 North Highway A1A	
Suite, Apt. #, Etc. Suite E-103	
City Jupiter	State Zip Code FL 33477

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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: Elaine C. Hines Date: 05/14/03

REGISTERED AGENT MUST SIGN

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	Elaine C Hines	725 North Highway A1A Suite E-103	Jupiter, FL 33477
Vice Pres	Stephanie B Hines	725 North Highway A1A Suite E-103	Jupiter, FL 33477

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)(f), 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: Elaine C Hines ELAINE C HINES (561)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 05/14/03 Daytime Phone #: 747-5755

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CR2E081 (10/02)

MEDICAL CLAIMS PROCESSORS GROUP, INC.

The Alhambra
725 North Highway A1A, Suite E-103
Jupiter, FL 33458

Divisions:

Medical Billing & Consultants
Patient Advocate
Estate & Litigation
Claim Appeals

Mailing Address:

P.O. Box 8063
Jupiter, FL 33468-8063
Phone: (561) 747-5755
Fax: (561) 743-3359

May 14, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Corporation

Dear Sir/Madam:

I have been informed that my corporation was placed as inactive status for failure to file the Annual Report and pay the \$150.00 filing fee. I have been informed that this action by the State of Florida was initiated back in September 2000. I cannot confirm that I did or did not receive the Annual Report form for 2000 as my records have been placed in storage and are not readily accessible. However, I do know for certain that I have not received any Annual Report form or communication from your department from 2001 forward.

I completed this simple Annual Report form every year since 1989. There is no reason why I would not continue to complete this form annually for 2000 and all subsequent years unless I did not receive the form. During my phone call to your office I confirmed my mailing address with your representative and the address was correct. Therefore, I am at a loss to understand why I am not receiving the Annual Report form. A possible cause for my failure to receive the 2000 Annual Report form may have been due to difficulty I had with my PO Box mail delivery several years ago. A postal worker was consistently placing my mail (Box 8063) into the PO Box below mine (Box 8083). If that box owner was not courteous in returning my mail to the Post Office for reprocessing, and just simply put "Unknown Return to Sender" on the envelope, you would have received the mail returned back to you. After several months of complaining to the Post Office the problem with the PO Boxes was resolved. I have not had any difficulty with the PO Box since that time to my knowledge. Therefore, I could see that the PO Box problem could have affected my receipt of the Annual Report for 2000, however, I have no explanation as to why I have not been receiving the Annual Report for 2001, 2002 and 2003. I will have to look to your office for some cause or explanation and also advice on correction.

In closing, as instructed by your representative, I have enclosed the completed Corporation Reinstatement form along with my check in the amount of \$600.00. I would greatly appreciate your waiving the penalty fees. My small corporation has been in business since 1989 with no lapse of operation, filed the Annual Report every year, and paid of the fee. It would make no sense not to respond to the Annual Report for 2000, 2001, 2002, and now 2003, and suffer the dissolution of my corporation and the large penalties, when I have worked so hard to build my small business.

Thank you in advance for your assistance with this request.

Sincerely,

A handwritten signature in black ink that reads "Elaine C. Hines". The signature is written in a cursive, flowing style.

Elaine C Hines
President