

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025379

1. Corporation Name
All Medical Billing, Inc.

2. Principal Office Address
362 E 5th St
Suite, Apt. #, etc.
1

3. Mailing Office Address
P.O. Box 651834
Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Miami, FL

Zip Country
33010 DADE

Zip Country
33265 DADE

700038851947
07/08/04--011004--025--608.75
REINSTATEMENT 01/04

4. Date Incorporated or Qualified
To Do Business in Florida **3/19/99**

5. FEI Number **05-0913193**
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 **DIANA QUINTANA**
Street Address (P.O. Box Number is Not Acceptable)
362 E 5th St,
Suite, Apt. #/Etc. **#1**
City **Hialeah** State **FL** Zip Code **33010**

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 **Diana Quintana** Date **6/29/04**
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
P.	DIANA QUINTANA	362 E 5th St, #1 Hialeah, FL 33010	Hialeah, FL 33010

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)(l), 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: **Diana Quintana** Date **6/29/04** Daytime Phone # **305-794-7958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)

6

2012

June 30, 2004

Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: All Medical Billing, Inc.
Document Number: P99000025379

To Whom It May Concern:

Hereby, please find the Application for reinstatement of All Medical Billing, Inc. Since the reason why I did not renew the corporation was because I never received the Annual Report, therefore, the amount of the check does not include the penalty amount.

Thank you for your attention to this matter.

Best Regards,


Diana Quintana
President