

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVAL
AND
FILED

05 APR 18 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F0100005347**

1. Corporation Name
iBill Corp

2. Principal Office Address
2200 SW 10th Street

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

Zip
33442

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0628303

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800054244138
05/11/05--01012--017 **908.75
800054244138
05/11/05--01012--018 **150.00

REINSTATEMENT 03-05
MRD

7. Name and Address of Current Registered Agent

Name
Steve Markley

Street Address (P.O. Box Number is Not Acceptable)
2200 SW 10th Street

Suite, Apt. #, Etc.

City
Deerfield Beach

State
FL

Zip Code
33442

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

Steve Markley
REGISTERED AGENT MUST SIGN

Date March 30, 2005

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
PD	Gary Spaniak	934 N. University Dr #202	Coral Springs, FL 33071
SD	Steve Markley	934 N. University Dr #202	Coral Springs, FL 33071

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:

Steve Markley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2005

Date

954-363-4400

Daytime Phone #

CR2001 (01/05)