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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001420

1. Corporation Name
Kelson Billing Services of Florida, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
3300 South Parker Road	3300 South Parker Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aurora Colorado	City & State: Aurora Colorado
Zip: 80014 Country: USA	Zip: 80014 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/21/2002

5. FEI Number: 100001572 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Jeffrey D. Bunfield Assistant Secretary Date:
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Off	Melissa Hall	3300 South Parker Road	Aurora CO 80014
Dir	Robert S. Possehl	3300 South Parker Road	Aurora CO 80014
Dir	Donald F. Barrickman	3300 South Parker Road	Aurora CO 80014
Dir	David R. Lionette	3300 South Parker Road	Aurora CO 80014
Off	Steve Stemper	3300 South Parker Road	Aurora CO 80014
Off	Shelly R. Justice	3300 South Parker Road	Aurora CO 80014
Off	Bernadett A. Harrington	3300 South Parker Road	Aurora CO 80014

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 contained in Chapter 119, 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: David R. Lionette 303-751-3501
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

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K. Eckel OCT - 2 2006

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

KELSON BILLING SERVICES OF FLORIDA, INC.

Certificate of Status	1
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