	PLEASE READ	AL INCT	EDUCTIONS	REFORE C	OMPLET	ING THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF STAT								
FOR REINSTATEMENT			Sandra B. Mo Secretary of		FILED			
	UMENT # FOGOY		ISION OF CORPORATIONS		on Maria on Atria of a			
1 100000001					98 NOV 23 APT 10: 03			
Provider Business Services, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	Place of Business	Po Box 6573]				
5300 NW 3312 AVE Ste 204			High P	oint, MC			- 41	
Ft. Lauderdale, \$13309 27262 REINSTATEMENT 97								
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai			information and ente ling Office Address,	er correction below.	4. Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apr.			, etc.		5. FEI Numbe		1.1.98	
City & State City & St.					<i>58</i> -	1972278	Applied For Not Applicable	
Zip	Country	Zip	Coun		CERTIFICAT		75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/o Name of Officers and/or Directors	or Director (Flo	S	rations must list at lea- treet Address of Each officer and/or Director	st 3 directors)	City / Sta		
$\frac{1}{\mathcal{D}}$	Stephen V. Hill 709 Westch			Jose Post Office Box N	umbers)	4	,NC 27262	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				201010010	. 7			
$\frac{V}{C}$	Jimmy G. Weeks		109 U	lestcheste	r Dr.	High Poin	t, NC 27262	
5	Tinat Helms		709 W	estchester	Dr.	Dr. High Point, NC 27262		
				2000026997229.				
					-12/02/98 0 ****900.00	1 1005 003		
	8. Name and Address of Current R	nt		9. Name and Address of New Registered Agent				
M	MARGARET ROGERS		Name			14/08)		
5300 NW 3300 ave			-	Street Address (P.0	D. Box Number is Not Acceptable)			
H. Landerdale, H.			33309 Gity		State Zip Code			
10, I, being appointed the greatered agent of the stove named proporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Mar carv t Kogus Registered Agent Must sign Date 11-2-98								
11. This corporation owes or has paid the current year (See other side for information								
12. 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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
on una ap	and my sign	aute stail nave	s use same legal effé	ca as a made under oa	ain.		au	
SIGNATURE: June Helms Tink Helms 10:29-98 (B36) 884-5996								
	SIGNATIONS AND ITPED OR PRINT	ED NAME OF SIC	SINING OFFICER OR D	RECTOR		Date Dayti	me Phone #	