

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 11 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001263**

1. Corporation Name

Interactive BillingsServices, Inc.

W99-29232

Principal Place of Business

Mailing Address

11808 Miracle Hills Drive
Omaha, NE 68154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/96

5. FEI Number

47-0780122

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
p	Nancee R. Berger	11808 Miracle Hills Dr.	Omaha, NE 68154
S/D	Mary E. West	11808 Miracle Hills Dr.	Omaha, NE 68154
T	Michael A. Micek	11808 Miracle Hills Dr.,	Omaha, NE 68154
D	Troy L. Eaden	11808 Miracle Hills Dr.	Omaha, NE 68154
D	Thomas B. Barker	11808 Miracle Hills Dr.	Omaha, NE 68154

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
121200-South Pine-Island Road
Plantation, FL 33324

Name

SEE ATTACHED

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anne E Diamond

REGISTERED AGENT MUST SIGN

Date

2-8-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancee R. Berger, President

Date

12/14/99

Daytime Phone #

402-963-1200

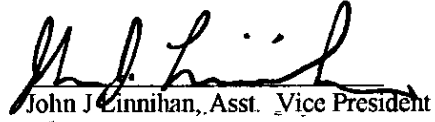
CR2E081 (12/98)

ACCEPTANCE OF REGISTERED AGENT

C T CORPORATION SYSTEM acknowledges and accepts the appointment of
registered Agent for and on behalf of INTERACTIVE BILLING SERVICES, INC.

Dated: 12/14/99

C T CORPORATION SYSTEM


John J. Cinnihan, Asst. Vice President