

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000001381**

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2002 OCT 31 AM 11:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001381  
Name and Mailing Address

0010703 01 FP 0.352 \*\*PRSRT HO 0 0615 34953-821013  
CERTIFIED MEDICAL BILLING, L.L.C.  
513 SW DEER RUN  
PORT ST LUCIE FL 34953-8210



CR2E084 (8/02)

2. New Mailing Address <b>649 SW Port St Lucie Blvd</b> City, State, Zip <b>PORT ST LUCIE FL 34953</b>		4. State/Country of Formation <b>FL</b>	
Principal Place of Business <b>2248 SE CHARLESTON DR. PORT ST. LUCIE FL 34952</b>		5. Date Organized or Qualified To Do Business in Florida <b>01/26/2001</b>	
3. New Principal Place of Business Address <b>649 SW Port St Lucie Blvd</b> City, State, Zip <b>PORT ST LUCIE FL 34953</b>		6. FEI Number <b>65-1072095</b> Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <b>KWASNICKI, AMY 513 SW DEER RUN PORT ST LUCIE FL 34953</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Amy Kwasnicki* Date **10/24/2002**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	HELLBERG, REGINA	<del>2248 SE CHARLESTON DR.</del> <b>525 SW Deer Run</b>	<del>PORT ST. LUCIE FL 34952</del> <b>34953</b>
MGR	KWASNICKI, AMY	<del>513 SW DEER RUN</del> <b>513</b>	<b>PORT ST LUCIE FL 34953</b>
700008732017 10/31/02--01093--004 **150.00			
<b>REINSTATEMENT 2002</b>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Amy Kwasnicki* Date **10/24/02** Daytime Phone # **772-344-3323**

Typed or printed name of signing Managing Member/Manager **Amy Kwasnicki**