

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR -3 AM 10:46

DOCUMENT # L03000053130

1. Limited Liability Company's Name

GCN Billing Services, LLC

2. Principal Office Address

240 Crandon Blvd.

Suite, Apt. #, etc.

Suite 263

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

240 Crandon Blvd.

Suite, Apt. #, etc.

Suite 263

City & State

Key Biscayne, FL

Zip

33149

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/15/2003

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David Hatton, Esq.

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

150 Alhambra Circle

Suite, Apt. #, Etc.

Suite 1150

City

Coral Gables

State

FL

Zip Code

33134

9. 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

*David Hatton*

REGISTERED AGENT MUST SIGN

Date 3/1/2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Carlos Aguilar	240 Crandon Blvd., Ste. 263	Key Biscayne, FL 33149

11. 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

*Carlos Aguilar*

Date 3/1/06

Daytime Phone # 786-553-8850

Typed or printed name of signing Managing Member/Manager

Carlos Aguilar