

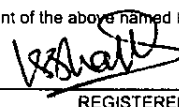
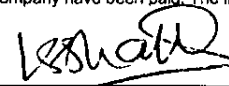
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000025480			
1. Limited Liability Company's Name PRIMED BILLING LLC			
2. Principal Office Address - No P.O. Box # 3823 Turman Loop		3. Mailing Office Address 3823 Turman Loop	
Suite, Apt. #, etc. Suite # 101		Suite, Apt. #, etc. Suite # 101	
City & State Wesley Chapel Florida		City & State Wesley Chapel Florida	
Zip 33544	Country USA	Zip 33544	Country USA
4. State/Country of Formation FLORIDA, USA			
5. Date Organized or Qualified To Do Business in Florida March 14, 2005			
6. FEI Number 20-2502162			Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name VYOMESH BHATT			
Street Address (P.O. Box Number is Not Acceptable) 3823 Turman Loop			
Suite, Apt. #, Etc. Suite # 101			
City Wesley Chapel		State FL	Zip Code 33544
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 		Date 1/28/2009	
REGISTERED AGENT MUST SIGN			
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
MGR	VYOMESH BHATT.	3400 Grassglen Rd.	Wesley Chapel, FL, 33544
	L. SELLERS		
	FEB 11 2009		
	EXAMINER	REINSTATEMENT	06-09
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 		Date 1/28/2009 Daytime Phone # 813-425-5826	
Typed or printed name of signing Managing Member/Manager VYOMESH BHATT.			