

BEFORE COMPLETING THIS FORM.

FILED

03 FEB 11 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATE

MENT OF STATE

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SION OF CORPORATIONS

DOCUMENT # L 06410

1. Corporation Name

MEDICAL BILLING ADMINISTRATION, INC.

2103000001452

900010077739
02/11/03--01020--016 **150.00
REINSTATEMENT

900010077739
01/14/03--01061--008 **608.75

2. Principal Office Address

2000 S. Dixie Hwy.

Suite, Apt. #, etc.

#100

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

2000 S. Dixie Hwy.

Suite, Apt. #, etc.

#100

City & State

Miami, FL

Zip

33133

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

08/03/89

5. FEI Number

65-0137332

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

JOHN ALEXANDER

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

2000 S. Dixie Hwy

Suite, Apt. #, Etc.

#100

City

Miami


State
FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 12/30/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	JOHN ALEXANDER	2000 S. Dixie Hwy #100	Miami, FL 33133

REINSTATEMENT 99-03

10. 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:

 JOHN ALEXANDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02
Date

(305) 8587780
Daytime Phone #