

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000086775

1. Limited Liability Company's Name

BillScript LLC

FILED

14 MAR 18 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700256914717
02/19/14--01010--014 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

7950 NW 53rd St.

Suite, Apt. #, etc.

Suite 337

City & State

Miami, FL

Zip

33166

Country

3. Mailing Office Address

7950 NW 53rd St.

Suite, Apt. #, etc.

Suite 337

City & State

Miami, FL

Zip

33166

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

7/12/2012

6. FEI Number

45-5621553

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

Kelly M Taylor

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

7950 NW 53rd St.

Suite, Apt. #, Etc.

Suite 337

City

Miami

State

FL

Zip Code

33166

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/8/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of
Authorized Representatives/
Managers

Street Address of Each
Authorized Representative/
Manager

City / State / Zip

MG/PM

Kelly M Taylor

7950 NW 53rd St.
Suite 337
Miami, FL 33166

Miami, FL 33166

REINSTATEMENT

MAR 18 2014

R. HUNT

11. E-mail Address:

kellytaylorofla@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

2/8/2014

Daytime Phone #

954-632-6213

Typed or printed name of signing Authorized Representative/Manager

Kelly M Taylor