


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 23 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L81434 1. Corporation Name PROMED BILLING SERVICES, INC.				000002698550--7 -12/01/98--01028--004 ****750.00 ****750.00 <small>DO NOT WRITE IN THIS SPACE</small>	
Principal Place of Business 17101 NE 19 Avenue Suite 203 North Miami Beach, FL 33162		Mailing Address 17101 NE 19 Avenue Suite 203 North Miami Beach, FL 33162			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 06/18/90 5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	Dina R. Moore	21202 NE 18 Place	North Miami Beach, FL 33179		
8. Name and Address of Current Registered Agent Dina R. Moore 21202 NE 18 Place North Miami Beach, FL 33179			9. Name and Address of New Registered Agent Name: Spiegel & Utrera, P.A., d/b/a AmeriLawyer Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue Suite, Apt. #, Etc.: City: Coral Gables State: FL Zip Code: 33134		
10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent By: <u>Natalia Utrera, Vice President</u> Date: _____					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: <u>Dina R. Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Dina R. Moore		11/6/98	
		Date		Daytime Phone #	

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