

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -8 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA000019330430  
05/20/03--01014--016 \*\*150.00

DOCUMENT # L99000001041

## 1. Limited Liability Company's Name

COMPUBILL FINANCIAL SERVICES, LLC

## 2. Principal Office Address

12000 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite 703

City &amp; State

MIAMI, FL

Zip Country

33181 USA

## 3. Mailing Office Address

12000 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite 703

City &amp; State

MIAMI, FL

Zip Country

33181 USA

## 4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

2/24/1999

## 6. FEI Number

05-0942839

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

DANIEL A. BALDOR

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

12000 BISCAYNE BLVD

Suite, Apt. #, Etc.

Suite 703

City

MIAMI

000019330430

07/08/03--01045--017

\*\*250.00

State

FL

Zip Code

33181

## 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

REGISTERED AGENT MUST SIGN

Date

4/28/03

## 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
MEM	BALDOR, DANIEL A.	12000 BISCAYNE BLVD. Suite 703	MIAMI, FL 33181
MEM	BROWSTEIN, HILLEL	12000-BISCAYNE BLVD. Suite 703	MIAMI, FL 33181

REINSTATEMENT

2002-2003

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

4/28/03

Daytime Phone #

3052180600

Typed or printed name of signing Managing Member/Manager