
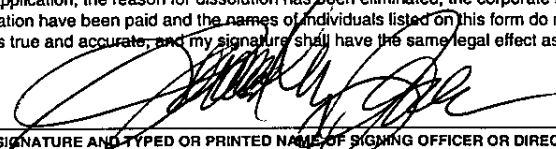


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000044522			
1. Corporation Name COMPLETE INSURANCE & BILLING, INC.			
2. Principal Office Address 202 N. FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Office Address 202 N. FEDERAL HWY. Suite, Apt. #, etc.	
City & State LAKE WORTH, FL Zip Country 33460 USA		City & State LAKE WORTH, FL Zip Country 33460 USA	
4. Date Incorporated or Qualified To Do Business in Florida 05/06/04--01057--019 **750.00			
5. FEI Number 65-1006535		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name RONALD W. RODE			
Street Address (P.O. Box Number is Not Acceptable) 202 N. FEDERAL HWY.			
Suite, Apt. #, Etc.			
City LAKE WORTH		State FL	Zip Code 33460
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 _____		Date _____	
REGISTERED AGENT MUST SIGN			
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
D	RONALD W. RODE	202 N. FEDERAL HWY.	LAKE WORTH, FL 33460
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: 		Date 4/28/04	Daytime Phone # 561-588-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)

2072

COMPLETE INSURANCE & BILLING, INC.
202 N FEDERAL HWY
LAKE WORTH, FL 33460
April 28, 2004

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

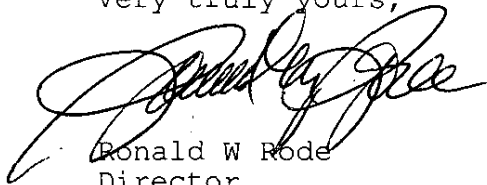
Gentlemen:

Your office administratively dissolved the Corporation on September 3, 2000 for failure to file a uniform business report.

Enclosed is our completed Annual Report and a check for \$750.00 to cover the year dissolved (2000) through 2004. We hereby request that you abate the \$600.00 reinstatement fee. We did not receive a uniform business report from your office in the mail.

Thank you for your help in this matter. If you have any questions, please call our CPA, William (Jack) Surman, Jr at (561)338-0028.

Very truly yours,



Ronald W Rode
Director
For the Firm