

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065463

1. Corporation Name

PROFESSIONAL medical Billing Center INC.

2. Principal Office Address

9201 SW 20 Street

Suite, Apt. #, etc.

3. Mailing Office Address

9201 SW 20 Street

Suite, Apt. #, etc.

City & State

Miramar, Fla

City & State

Miramar, Fla

Zip

33025

Country

Broward

Zip

33025

Country

Broward

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-102 5276

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

D'neil Wallace

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

9201 SW 20 Street

Suite, Apt. #, Etc.

300023798703

10/15/03--01003--010 ***150.00

City

Miramar FL 33025

State

FL

Zip Code

33025

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/30/03

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
President	Sharon Wallace	9201 SW 20st	Miramar, FL 33025
V.P.	D'neil Wallace	9201 SW 20st	Miramar, FL 33025

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:

[Signature] Sharon Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/03

Daytime Phone #

CFR2001 (10/02)

10/1/2003

**PROFESSIONAL MEDICAL BILLING CENTER INC.
9201 SW 20 ST.
MIRAMAR, FL 33025**

**DOCUMENT#:P00000065463
FEI # 65-1025276**

To Whom It May Concern:

I am writing this letter to inform you that my company, which is listed above has moved for our a year now. I am very sorry I did not renew my 2003 uniform Business Report. To date I have not yet received it. I have informed my post office to forward all my mails to My current address.

I am very much aware that it is my responsibility to take care of this matter, however my Husband and I were out of the country due to his father sudden death. We have enclosed the \$150.00 along with an old 2001 report form we have and we are asking you to accept this late renewal.

If you need to reach either of us our telephone # is 954-394-7796 or 954-394-7795.

Thank you for your consideration in this matter.

**Sharon Wallace, President
O'Neil Wallace, Vice President**

Handwritten signatures of Sharon Wallace and O'Neil Wallace. Sharon Wallace's signature is written over her name, and O'Neil Wallace's signature is written over his name.