

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097121

1. Corporation Name

QUICK BILLING ASSOCIATES, INC.

Principal Place of Business

2332 SW 67 AVE
MIAMI FL 33155

Mailing Address

2332 SW 67 AVE
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9550 SW 25TH DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9550 SW 25TH DR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33165

Country

City & State

MIAMI FL

Zip

33165

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2001

5. FEI Number

65-1143544

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

City / State / Zip
4

PD

BROCHE, OSVALDO E JR

9550 SW 25 DRIVE

MIAMI FL 33165

500008639805
10/29/02--01008--009 **750.00

8. Name and Address of Current Registered Agent

LIBERTY BUS SERVICES INC
8204 NW 103 STREET
HIALEAH GARDENS FL 33016

9. Name and Address of New Registered Agent

Name

LIBERTY BUSINESS SERVICES, INC

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

8204 NW 103RD STREET

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33016

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 (786) 286-7549

Date

Daytime Phone #