

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 NOV 25 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113240

1. Corporation Name

UMADAF MEDICAL BILLING, INC.

Principal Place of Business

9621 FONTAINBLEAU BLVD.
APT. 104
MIAMI FL 33172

Mailing Address

P.O. BOX 440434
MIAMI FL

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2001

5. FEI Number

30-0011729

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	URROZ, MARIA E	9621 FONTAINBLEAU BLVD. APT. 104	MIAMI FL 33172

8. Name and Address of Current Registered Agent

URROZ, MARIA E
9621 FONTAINBLEAU BLVD.
APT. 104
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11/20/02

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

Date

Daytime Phone #

11/20/02 305-865-4550

MARIA ELENA URROZ

P.O. BOX 440434, 305-262-9115
MIAMI, FL 33144-0434

63-8413/2670
3871937550

123898503

DATE 08/01/02

ORDER OF DEPARTMENT OF STATE

\$ 150.00

One hundred fifty no/100

DOLLARS ☒ A

Washington Mutual

Washington Mutual Bank, FA
MiamiWest, Jamison Financial Center 11737
7920 SW 8th Street
Miami, FL 33144
1-800-788-7000
24 hour Customer Service

NOTES

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ACT# 1009068796
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UMADAFI MEDICAL BILLING, INC
9621 FOUNTAINBLEAU BLVD. #104
MIAMI, FLORIDA 33172

November 20th, 2002

Division of Corporations
Annual Report/Reinstatement section
P. O. Box 6327
Tallahassee, FL 32314-6327
Document# PO1000113240

To Whom It May Concern:

Dear Sir/Madame:

I am writing this letter to let you know that I did not receive the UBR form before, so on August 1st, 2002 I sent my payment with a letter notifying you the mentioned above. The check number 503 for \$150.00 was cashed on August 12th, 2002. Enclosed is a copy of the check. Also enclosed is the form signed and dated. As I mentioned in my first letter this is my first time with a corporation and I didn't know about the time limit to fill out the form.

I will appreciate your prompt attention to this matter.

Sincerely Yours,


Maria Elena Urroz.