

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 15 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000021475100  
07/11/03--01023--003 \$150.00

2003 UBR

DOCUMENT # P02 - 000017675

1. Limited Liability Company's Name

JEVD Billing Services Inc \*

2. Principal Office Address

8111 SW 151 ave

Suite, Apt. #, etc.

# 314

City & State

Miami FL

Zip

33193

Country

USA

3. Mailing Office Address

8111 SW 151 ave

Suite, Apt. #, etc.

# 314

City & State

Miami FL

Zip

33193

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

2/18/02

6. FEI Number

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

Victor H. Pena

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

8111 SW 151 ave

Suite, Apt. #, Etc.

# 314

City

Miami

State

FL

Zip Code

33193

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

7/1/03

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
President	Victor H. Pena	8111 SW 151 ave #314	Miami FL 33193

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

8/4/3

Daytime Phone #

305 490-5138

Typed or printed name of signing Managing Member/Manager

Victor H. Pena

CR2E041 (10/02)