

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000022194

1. Corporation Name

MEDICAL BILLING SPECIALTY, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 24 AM 10: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

7209 BARBARA RD COCOA FL 32927				7209 BARBARA RD COCOA FL 32927			REMSTATEMENT 03				
If above addresses are incorrect in any way, line through incorrect information						ow.					
2. New Pr	incipal Office	Address, If Applicable	3. New Mai	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/27/2002				
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For				
-City & State			City & State	City & State			·-	· - ·			Not Applicable
Zip	Country		Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ac	Idresses of Each Officer a	nd/or Director (Flo	orida nonprofi	t corporations must list	at lea	st 3 directors)				
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
PST	CUNNINGHAM, DEBORAH L			7209 BARBARA RD			COCOA FL 32927				
							10	<u>002405</u> 0301075	ua.Bu	31_	
				- -			10/24/ 	0 301075	001 →	F¥150	.00
						· · · · · · · · · · · · · · · · · · ·					
		·· ·									
8. Name and Address of Current Registered Agent							9. Name and /	Address of New Re	jistered A	gent	
CUNNINGHAM, DEBORAH L 7209 BARBARA RD					Name Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
COCOA FL 32927				Suite,		#, Etc.		 -			
					City		· · · · · · · · · · · · · · · · · · ·		State	Zip Co	de
10. I, being	appointed th	ne registered agent of the a	above named com	oration, am fa	amiliar with and accept	the ob	oligations of Sect	tion 607.0505, F.S. o	617.050	5, F.S.	
Signature o	of Agent	SIGNA				,		Date			
			REGISTERED AC	BENT MUST	SIGN						

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:

321-636-6426

By Certified Mail

MEDICAL BILLING SPECIALTY, INC. 7209 BARBARA RD COCOA, FL 32927

October 9, 2003

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document #P02000022194 EIN:-01-0610847 Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned CUNNINGHAM DEBORAHL, President of MEDICAL BILLING SPECIALTY, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2003 on the following grounds.

I never received the Annual Filing Form for 2003, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2003 as I did not received the Filing Form for the year 2003. This is the first year for me to file an annual filing form. I made a mistake due to lack of knowledge and information & unavoidable circumstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2003 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad-economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

•

encl:- as above Ck of \$150