

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 17 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031383

1. Corporation Name

Associated Billing Solutions Inc.

2. Principal Office Address

6843 No Citrus Ave

Suite, Apt. #, etc.

Bldg 3 Suite K

City & State

Crystal River FL

Zip

34428

Country

USA

3. Mailing Office Address

6843 No Citrus Ave

Suite, Apt. #, etc.

Bldg 3 Suite K

City & State

Crystal River FL

Zip

34428

Country

USA

REINSTATEMENT

05-16

4. Date Incorporated or Qualified
To Do Business in Florida

3-18-2002

5. FEI Number

02-0554762

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

Janet Home Swearingen

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

6843 No Citrus Ave Bldg 3 Suite K

Suite, Apt. #, Etc.

Crystal River FL 34428

City

000073716180

05/02/06--01043--014 **100.00

State
FL

Zip Code

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

Janet H Swearingen

REGISTERED AGENT MUST SIGN

Date 4-13-2006

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
Pres	Janet Home Swearingen	6843 No Citrus Ave Bldg 3 #K	Crystal River FL 34428
Sec	Melissa D Wilkes	6843 No Citrus Ave Bldg 3 #K	Crystal River FL 34428

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 contained in Chapter 119, 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:

Janet H Swearingen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2006 352 795-9729

Date

Daytime Phone #

To Florida Dept of State

April 13, 2006

We received a phone call today from the Better Business Bureau. They wanted us to join. As we were giving them our info they commented that our corp. was inactive! We immediately called our accountant, she was no real help. So we called your office for further instructions.

What ever form was to be mailed to us did not reach us. We changed our location July of 2004. Your office does not show return mail. Unfortunately this is not the first important document that has passed by our change of address.

We apologize for this inconvenience to your staff, we are a new company lacking knowledge of the ins and outs of business forms. I guaranter this will not happen again. Enclosed is a check for \$300⁰⁰ for 2005 & 2006, would you please consider re-instating us. We also need our address updated & my name changed I was married 11 months ago today. Thank you in advance for all of your help.

Janet Horne Swearingen
President

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK RIBBON

This license not valid unless seal of Clerk,
Circuit or County Court appears thereon.

(STATE FILE NUMBER)

303

05 JUN 10 PM 2:50

2005 - 291

(APPLICATION NUMBER)

CERTIFIED TO BE A TRUE COPY
BETTY STRIFLER
CLERK OF CIRCUIT COURT

BY: *D. Ukigeshoff* D.C.
THIS 10 DAY OF June A.D. 2005

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) GERALD RUSSELL SWEARINGEN			2. DATE OF BIRTH (Month, Day, Year) 04/11/1966		
3a. RESIDENCE - CITY, TOWN, OR LOCATION CRYSTAL RIVER		3b. COUNTY CITRUS	3c. STATE FL 34428	4. BIRTHPLACE (State or Foreign Country) GA	
5a. BRIDE'S NAME (First, Middle, Last) JANET MARIE HORNE			5b. MAIDEN SURNAME (if different) HORNE		6. DATE OF BIRTH (Month, Day, Year) 01/13/1954
7a. RESIDENCE - CITY, TOWN, OR LOCATION CRYSTAL RIVER		7b. COUNTY CITRUS	7c. STATE FL 34428	8. BIRTHPLACE (State or Foreign Country) NE	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Gerald Russell Swearingen</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/29/2005	
11. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT		12. SIGNATURE OF OFFICIAL (Use black ink) BY <i>Amanda Kye</i> , D.C.	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Janet Marie Horne</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/29/2005	
15. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT		16. SIGNATURE OF OFFICIAL (Use black ink) BY <i>Amanda Kye</i> , D.C.	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.
THIS LICENSE MUST BE ISSUED ON OR BEFORE THE BELOW EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

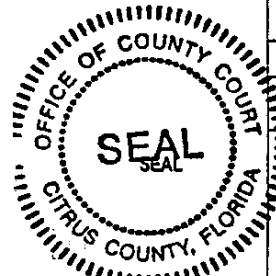
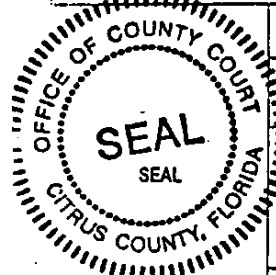
17. COUNTY ISSUING LICENSE CITRUS	18. DATE LICENSE ISSUED 04/29/2005	18a. DATE LICENSE EFFECTIVE 05/02/2005	19. EXPIRATION DATE 06/28/2005
20a. SIGNATURE OF COURT CLERK OR JUDGE BY <i>Betty Strifler</i>		20b. TITLE CLERK OF COURTS	20c. BY D.C. <i>Det.</i>

CERTIFICATE OF MARRIAGE

21. DATE OF MARRIAGE (Month, Day, Year) MAY 13 2005		22. CITY, TOWN, OR LOCATION OF MARRIAGE CRYSTAL RIVER FL	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) BY <i>Shirley A. Mashburn</i>		23c. ADDRESS (Of person performing ceremony) 9095 W. Beth Ct CRYSTAL RIVER FL 34428	
23b. NAME OF PERSON PERFORMING CEREMONY (Print Name) SHIRLEY A. MASHBURN Notary Public - State of Florida My Commission Expires Jan 27, 2009 Commission # 0038058		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) BY <i>Melissa Wilkes</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) BY <i>William E. Mashburn Jr.</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 444-72-0656	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? NO	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b and 29c	
	29a. NO. OF THIS MARRIAGE 1	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 06/07/1994		
BRIDE	30. SOCIAL SECURITY NUMBER 505-70-3161	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b and 33c	
	33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 06/07/1994		



SEAL