PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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.

REINSTATEMENT 05-06

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6843 No Citrus Ave | 6843 No Citrus Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Bldg 3 Suite K | Bldg 3 Suite K |
| City & State | City & State |
| Crystal River FL | Crystal River FL |
| Zip / Country | Zip / Country |
| 34428 / USA | 34428 / USA |

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 Horne 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 | State: FL | Zip Code

000073716100
05/02/06--01043--014 **100.00

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 Horne Swearingen | 6843 No Citrus Ave Bld 3 #K | Crystal River FL 34428 |
| Sec | Melissa D Wilkes | 6843 No Citrus Ave Bld 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 — Date 4-13-2006 — Daytime Phone # 352 795-9729

B. Mitchell APR 19 2006

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 immediatly 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. Unfortunatly this is not the first important document that has passed by our change of address.

We apologize for this inconvience 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 $300^{00}$ 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 Howe Sweatingon
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.

FILED
05 JUN 10 PM 2:50
CITRUS COUNTY, FLA.
BETTY STRIFLER, CLK.

(STATE FILE NUMBER) 3 of 3

CERTIFIED TO BE A TRUE COPY
BETTY STRIFLER
CLERK OF CIRCUIT COURT
BY: D. Weigerhoff D.C.
THIS 10 DAY OF June A.D. 2005

**2005 - 291**

(APPLICATION NUMBER)

## APPLICATION TO MARRY

| 1. GROOM'S NAME (First, Middle, Last) | | | 2. DATE OF BIRTH (Month, Day, Year) |
|---|---|---|---|
| GERALD RUSSELL SWEARINGEN | | | 04/11/1966 |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION | 3b. COUNTY | 3c. STATE | 4. BIRTHPLACE (State or Foreign Country) |
| CRYSTAL RIVER | CITRUS | FL 34428 | GA |
| 5a. BRIDE'S NAME (First, Middle, Last) | | 5b. MAIDEN SURNAME (if different) | 6. DATE OF BIRTH (Month, Day, Year) |
| JANET MARIE HORNE | | HORNE | 01/13/1954 |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION | 7b. COUNTY | 7c. STATE | 8. BIRTHPLACE (State or Foreign Country) |
| CRYSTAL RIVER | CITRUS | FL 34428 | 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) | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) |
|---|---|
| ➤ Gerald Russell | 04/29/2005 |
| 11. TITLE OF OFFICIAL | 12. SIGNATURE OF OFFICIAL (Use black ink) |
| BETTY STRIFLER, CLERK OF COURT | ➤ BY: Amanda Lyre , D.C. |
| 13. SIGNATURE OF BRIDE (Sign full name using black ink) | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) |
| ➤ Janet Marie Horne | 04/29/2005 |
| 15. TITLE OF OFFICIAL | 16. SIGNATURE OF OFFICIAL (Use black ink) |
| BETTY STRIFLER, CLERK OF COURT | ➤ BY: Amanda Lyre , D.C. |

OFFICE OF COUNTY COURT SEAL CITRUS COUNTY, FLORIDA

## 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 | 18. DATE LICENSE ISSUED | 18a. DATE LICENSE EFFECTIVE | 19. EXPIRATION DATE |
|---|---|---|---|
| CITRUS | 04/29/2005 | 05/02/2005 | 06/28/2005 |

| 20a. SIGNATURE OF COURT CLERK OR JUDGE | 20b. TITLE | 20c. BY D.C. |
|---|---|---|
| ➤ Betty Strifler | CLERK OF COURTS | |

OFFICE OF COUNTY COURT SEAL CITRUS COUNTY, FLORIDA

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

| 21. DATE OF MARRIAGE (Month, Day, Year) | 22. CITY, TOWN, OR LOCATION OF MARRIAGE |
|---|---|
| MAY 13 2005 | CRYSTAL RIVER FL |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) | 23c. ADDRESS (Of person performing ceremony) |
| ➤ Shirley A Mashburn | 9095 W. Beth Ct Crystal River FL 34428 |
| 23b. NAME OF PERSON PERFORMING CEREMONY (Or Authorizing) | 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) |
| SHIRLEY A. MASHBURN Notary Public - State of Florida My Commission Expires Jan 27, 2009 Commission # DD 380588 | ➤ Melissa Wilkes |
| | 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) |
| | ➤ William E Mashburn Jr. |

SEAL

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

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