

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 MAR 26 PM 2:51

DOCUMENT # P02000031885

**1. Corporation Name**

CABRERA MEDICAL BILLING CORP.

**2. Principal Office Address**

674 E. 52ND ST

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33013

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 03-21-2002

**5. FEI Number**

☒ 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

ANGELA CABRERA

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

674 E. 52ND ST

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33013

700031847217  
04/05/04--01073--013 \*\*900.00

**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

*Angela Cabrera*

REGISTERED AGENT MUST SIGN

Date 03-25-2004

**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
P/D	ANGELA CABRERA	674 E. 52 ST	HIALEAH, FL 33013

**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 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:

*Angela Cabrera*

03-25-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DIN NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
ANGELA CABRERA  
PRESIDENT