

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 # P02000103195

1. Corporation Name

ADVANCED MEDICAL BILLING ASSOCIATES INC.

Principal Place of Business

Mailing Address

1336 SEAGRAPE CIR.
WESTON FL 33326

1336 SEAGRAPE CIR.
WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2002

5. FEI Number

32-0033095

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TERRELL, TERESA	1336 SEAGRAPE CIR.	WESTON FL 33326
D	RUIZ, RUBIN	9416 SW 52ND PLACE	COOPER CITY FL 33328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERRELL, TERESA
1336 SEAGRAPE CIR.
WESTON FL 33326

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Teresa Terrell
REGISTERED AGENT MUST SIGN

Date

1/15/04

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:

Ruben Ruiz

Ruben Ruiz

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/04

Daytime Phone #

954-659-8072

FILED
04 FEB -9 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



400028407634

02/09/04--01035--004 **300.00

03-04

CR20040 (7/03)

Advanced Medical Billing Associates, Inc.
1336 Seagrape Circle
Weston, FL 33326

re: Annual Report 32-0033095 -

To Whom It May Concern,

We have not received an annual report. We are submitting the reinstatement fee and paying for the years 2003 and 2004.

Sincerely,

A handwritten signature in cursive script, appearing to read "Teresa Terrell".

Teresa Terrell
President

TRT/trt