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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 30 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009095

1. Corporation Name

Unlimited Medical Billing Services,  
Corp.

2. Principal Office Address

531 East 58 St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 133177

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33013

Country

USA

Zip

33013

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/24/2003

5. FEI Number

141871135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Yanet Escalante

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

531 East 58 St

Suite, Apt. #, Etc.

000062515240

12/30/05--01063--003 \*\*150 00

City

Hialeah

State

FL

Zip Code

33013

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

*[Signature]*

Date

12/28/05

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| D      | Yanet Escalante                   | 531 East 58 St                                 | Hialeah, FL 33013  |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

B 1/03/06  
REINSTATEMENT 05

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)(j), 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:

*[Signature]* Yanet Escalante  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/05

Daytime Phone #

305-525-2405

*Payentz*

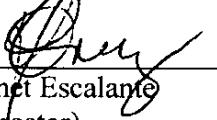
Florida Department of State, Division of Corporations

Date: December 28, 2005

Attention: Reinstatement Department  
To whom it may concern,

I am writing this letter letting you know that I did not receive the postcard for the annual report .Please I need you to waive the \$600.00 penalty fee, payment for year 2005 has been enclosed with this letter for \$150.00.Document number is P03000009095, name of the company: Unlimited Medical Billing Services, Corp. and Tax ID 141871135.Thank you so much for your understanding and help and have a "Happy New Year".

Sincerely,

  
\_\_\_\_\_  
Yanet Escalante  
(Director)