

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000010429

1. Corporation Name

BILLING OPTIONS, INC.

500093255285  
03/16/07--01015--024 \*\*600.00

2. Principal Office Address

29399 US Highway 19 N

3. Mailing Office Address

29399 US Highway 19 N

Suite, Apt. #, etc.

#260

Suite, Apt. #, etc.

#260

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

**REINSTATEMENT** 04-07

4. Date Incorporated or Qualified  
To Do Business in Florida 01/21/2003

5. FEI Number

59-3765283

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  
Gail Kravitz

Street Address (P.O. Box Number is Not Acceptable)  
2810 Pendridge Drive

Suite, Apt. #, Etc.

City  
Palm Harbor

State  
FL

Zip Code  
34684

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

*Gail Kravitz*  
REGISTERED AGENT MUST SIGN

Date 1/3/07

**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
PST	Gail Kravitz	2810 Pendridge Drive	Palm Harbor, FL 34684

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:

*Gail Kravitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/07 (727) 772-1445

Daytime Phone #

January 3, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Billing Options, Inc.  
P03000010429

To Whom It May Concern:

Billing Options, Inc. was incorporated 1/21/03 and has never filed an annual report because we never received the annual report notices. I was just made aware that Billing Options, Inc. is not in good standing. Enclosed is our reinstatement application and we respectfully request waiver of the reinstatement fee.

Sincerely,



Gail Kravitz  
President