

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAY 19 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000075159

**1. Corporation Name**

ADVANCE BILLING, INC.

**2. Principal Office Address**  
2710 SW 100 CT

**3. Mailing Office Address**  
10811 SW 48 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip Country  
33165 US

Zip Country  
33165 US

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/09/2003

**5. FEI Number**  
11-3700246

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-06  
08/11/04 90001 042 \$150.00  
01/13/06 01005 002 \$300.00

**7. Name and Address of Current Registered Agent**

Name  
TERESITA J. IBARRA

Street Address (P.O. Box Number is Not Acceptable)  
2710 SW 100 CT

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33165

**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

Date 05/17/2006

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
PD	TERESITA J. IBARRA	2710 SW 100 CT	MIAMI, FL 33165

PR 5/25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/2006

Date

(305) 781-6070

Daytime Phone #

CR2E081 (01/04)

Miami, FL, May 17, 2006

Florida Department of State  
Division of Corporations  
Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

**Ref: Reinstatement for Document No. P03000075159, ADVANCE BILLING, INC.**

Dear Sirs,

As per our recent conversation and your instructions from May 17, 2006, this is to inform you that the letter from August 12, 2004 that you sent to us was never received by us at any time. Thus, we were not able to respond to you promptly and we ask you to please waive the reinstatement fee based on the facts previously presented. Furthermore, we have had previous attempts this year to reinstate this corporation with unsuccessful results. Besides, this is the second time we are sending the Reinstatement Application Form and all the fees requested by you have been paid. Therefore, we would really appreciate you please reinstate this corporation as soon as possible, since our business has been stopped because of this matter.

Should you have further questions, please contact us at (305) 781-6070. Thank you very much for your cooperation.

Cordially,



**TERESITA J. IBARRA**  
President