

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC 30 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000 106442

1. Corporation Name

JENNIFER FORTNER'S PREFMED BILLING, INC.

400138984794  
12/12/08--01029--018 \*\*343.75

2. Principal Office Address - No P.O. Box #

129 W. HIBISCUS BLVD.

Suite, Apt. #, etc.

SUITE Q

City & State

MELBOURNE, FL

Zip

Country

32901

3. Mailing Office Address

129 W. HIBISCUS BLVD

Suite, Apt. #, etc.

SUITE Q

City & State

MELBOURNE, FL

Zip

Country

32901

**REINSTATEMENT**

CR2E081 (10/08)

06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2004

5. FEI Number

201381951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

7. Name and Address of Current Registered Agent

Name

JOHN FOLSON

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

129 W. HIBISCUS BOULEVARD

Suite, Apt. #, Etc.

Q

City

MELBOURNE

State

FL

Zip Code

32901

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

John Folson

REGISTERED AGENT MUST SIGN

Date 12/09/2008

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.T.S	JOHN FOLSON	129 W. HIBISCUS BLVD. SUITE Q	MELBOURNE, FL
			400138984794 12/31/08--01075--001 **150.00
			JC 12/31

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:

John Folson JOHN FOLSON

12/09/2008

321-951-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #