

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLED
2008 OCT 16 AM 10:34

SECRETARY OF STATE
5001388300075
10/16/08--01032--014 **450.00

20 W-21

DOCUMENT # POS000060430

1. Corporation Name

Jucade Medical billing, Inc

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

5313 SW 118 Avenue

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33330

Country

Florida

3. Mailing Office Address

5313 SW 118 Avenue

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33330

Country

Florida

REINSTATEMENT

CR2E081 (10/08)

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/05

5. FEI Number

20-2734968

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

Mariela Morente

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

5313 SW 118 Avenue

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33330

☒ 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.

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

Mariela Morente

Date

10/13/08

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
P	Mariela Morente	5313 SW 118 Avenue	Cooper City, FL 33330

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:

Mariela Morente

Date

10/13/08

Daytime Phone #

954937-4445