

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W08-9737

FILED

08 MAR 24 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0500011384

1. Corporation Name

JCBilling & Collection Services Inc.
5711 SW 36th Court #202
Davie FL 33314

200120972992
03/24/08--01005--008 **450.00

REINSTATEMENT 06-08

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

5711 SW 36th

Suite, Apt. #, etc.

202

City & State

Davie FL 33314

Zip

33314

Country

US

3. Mailing Office Address

5711 SW 36th Court

Suite, Apt. #, etc.

202

City & State

Davie FL

Zip

33314

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-10-05

5. FEI Number

None

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
Jake Christophe

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

5711 SW 36th Court

Suite, Apt. #, Etc.

202

City

Davie

State
FL

Zip Code

33314

☒ 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

Jake Christophe

Date 2-18-08

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	Jake Christophe	5711 SW 36th Court	Davie FL 33314

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:

Jake Christophe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08/54-629-1305

Date

Daytime Phone #