

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000121951

1. Corporation Name

Med-Billing Consulting Solutions, Inc.

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

2450 NW 36 Street

Suite, Apt. #, etc.

Unit 8

City & State

Pompano Beach, FL

Zip

33073

Country

USA

3. Mailing Office Address

19631 NW 58th Ave

Suite, Apt. #, etc.

City & State

Miami FL 33015

Zip

33015

Country

USA

7. Name and Address of Current Registered Agent

Name

Zulehivy Soledad

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

19631 NW 58th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

Zulehivy Soledad

REGISTERED AGENT MUST SIGN

Date

1/2/2010

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
PS	Zulehivy Soledad	19631 NW 58th Ave	Miami FL 33015

10. E-mail Address: Zuly88@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Zulehivy Soledad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2010

Date

305.766.9387

Daytime Phone #

FILED

10 JAN 11 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300165746689
01/11/10--01051--005 **458.75

REINSTATEMENT 08-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

640962972

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.