


2008 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # P07000123113 1. Entity Name AAA BILLING SERVICES, INC. |  |
|---|---|

FILED

2008 OCT 17 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|
| Principal Place of Business 221 SW 87 PATH MIAMI, FL 33174 | Mailing Address 221 SW 87 PATH MIAMI, FL 33174 |
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| 2. Principal Place of Business - No P.O. Box # 5518 NW 114 AVE | 3. Mailing Address 5518 NW 114 AVE |
| Suite, Apt. #, etc. 305 | Suite, Apt. #, etc. 305 |

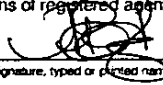
10162008 REIN-P CR2E098 (1/07)

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|---------------------------------------|---------------------------------------|
| City & State DORAL, Florida | City & State DORAL, Florida |
| Zip 33178 | Country USA |

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|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent RODRIGUEZ, AILE 221 SW 87 PATH MIAMI, FL 33174 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5518 NW 114 AVE - #305 City DORAL FL Zip Code 33178 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **10/15/8**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | DP <input type="checkbox"/> Delete RODRIGUEZ, AILE 221 SW 87 PATH MIAMI, FL 33174 | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5518 NW 114 AVE #305 DORAL, FL 33178 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

REINSTATEMENT

2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **10/15/8** DAYTIME PHONE #: **3058734135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #