

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 13 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **032592**

1. Corporation Name  
**Hospital Reimbursement Systems, Inc.**  
**333 Alcovy Street**  
**Monroe, Georgia 30655**

2. Principal Office Address

**333 Alcovy Street**  
Suite, Apt. #, etc.

3. Mailing Office Address

**333 Alcovy Street**  
Suite, Apt. #, etc.

City & State

**Monroe, GA**

Zip

**30655**

Country

**USA**

City & State

**Monroe, GA**

Zip

**30655**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/18/1991**

**SP**

5. FEI Number

**58-1308623**

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

**Susan Brown**

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

**919 Loganderry Lane**

Suite, Apt. #, Etc.

**Apt. 102**

City

**Plant City**

State

**FL**

Zip Code

**33566**

**800003888628-1**  
**-03/20/01--01085--007**  
**\*\*\*1508.75 \*\*\*1500.00**

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

**Susan Brown**  
REGISTERED AGENT MUST SIGN

Date **3/2/01**

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
CEO	C.C. Moreland	333 Alcovy Street	Monroe, GA 30655
Co	Rick Willeford	600 Houze way, Suite D6	Roswell, GA 30076
Sec	Callie S. Moreland	333 Alcovy Street	Monroe, GA 30655

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 under section 119.07(3)(i), 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:

**C.C. Moreland**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/01**

Date

**770-267-6536**

Daytime Phone #

CR2E081 (9/00)



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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 7, 2001

HOSPITAL REIMBURSEMENT SYSTEMS, INC.  
333 ALCOVY WAY STREET  
MONROE, GA 30655

SUBJECT: HOSPITAL REIMBURSEMENT SYSTEMS, INC.  
Ref. Number: P32592

We have received your document for HOSPITAL REIMBURSEMENT SYSTEMS, INC. and check(s) totaling \$1508.75. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott  
Document Specialist

Letter Number: 901A00013960

X  
Dear Same company that filed a Foreign Name Registration  
Pet Leslie