

11/12/96

16:21

NO. 114

NOV-11-96

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

H96000015936

DOCUMENT # P93000037407

1. Corporation Name

J & A ELECTRONIC BILLING, INC.

Mailing Address

6741 SW 24th St. Ste. 47
Miami, FL 33155

Principal Place of Business

6741 SW 24th St. Ste. 47
Miami, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1993

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

65-0412575

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ARIAS, IDANIA C.	6741 SW 24th St. Ste. 47	Miami, FL 33155

REINSTATEMENT

SCC11-12-96

8. Name and Address of Current Registered Agent

ARIAS, IDANIA C.
6741 SW 24th St. Ste. 47
Miami, FL 33155

9. Name and Address of New Registered Agent

Name

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

State, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, on behalf of said corporation accept the obligations of Section 607.02(2), F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/08/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 111.01(1)(a), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 111.01(1)(a) in the event that the information furnished is determined to be false or misleading. I certify that I am an officer or director of the corporation or person empowered to execute this application or authorized by the corporation to execute this application. I have read this statement and the reason for dissolution has been determined. The corporation name appears on the Department of State or Secretary of State of Florida. The fees owed by the corporation have been paid. The information indicated on this application is true and correct. And my signature shall have the same legal effect as if made under oath.

SIGNATURE:

IDANIA C ARIAS

11/08/96

305-266-2223

Prepared by: Idania C. Arias 6741 SW 24th St. Ste. 47 Miami, FL 33155
(305) 766-7773

H96000015936

11/12/96

16:21

#P93000037407

NO. 114



11/12/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

2:12 PM

((H96000015936 3))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAB-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: J & A ELECTRONIC BILLING, INC.

AUDIT NUMBER.....H96000015936

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$383.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

RECEIVED
96 NOV 12 PM 3:37
DIVISION OF CORPORATIONS