

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000006941

1. Corporation Name

PPA BILLING, INC.

Principal Place of Business

~~1398 S.E. 436~~
CASSELBERRY FL 32707

Mailing Address

~~1728 SCARLET ROAD~~
WINTER PARK FL 32782
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1398 S.R. 436, #102

City & State
Casselberry, FL

Zip Country
32707 U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2718 Scarlet Rd.

City & State
Winter Park, FL

Zip Country
32792 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1994

5. FEI Number

59-3223546

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ELLZEY, INGEBOG C	1728 SCARLET ROAD	WINTER PARK FL 32792

500001977095--2

-10/16/96--01065--010

****200.00 ****200.00

8. Name and Address of Current Registered Agent

ELLZEY, INGEBOG C

~~1398 S.E. 436~~

CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name

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

1398 S.R. 436, #102

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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FILED

96 SEP 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Filed as A/R
Reinstatement Waived 10/15/96
MWB

CR2E040 (7/96)

P9400000 6941

PPA Billing Service

Inc.

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A Billing Service Exclusively for Dermatologists

September 24, 1996

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

I am in receipt of the Notice of Administration Dissolution or Revocation for our Corporation # P94000006941.

Please be advised that there is a typographical error in your database that prevented us from receiving the proper paperwork in a timely fashion. Our office never received the initial paperwork or the second notice due to the faulty address.

I called your office and spoke with a gentleman who informed us to use this dissolution notice as our annual report, make an changes, and include a check in the amount of \$200.00.

If there are any additional problems or concerns, do not hesitate to call.

Sincerely,



Karl M. Ellzey
PPA Billing, Inc.

Inga C. Ellzey, MPA, RRA, CEO

2907 Bay to Bay Blvd. • Suite #301 • Tampa, FL 33629
(813) 839-8872

1398 Semoran Boulevard • Suite # 102 • Casselberry, FL 32707
(407) 678-4609