

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 PM 2:25

DOCUMENT #P94000017910

Corporation Name

Medical Superbillers, Inc.

2. Principal Office Address

9785 SW 59th Street

Suite, Apt. #, etc.

City & State

Cooper City, Florida

Zip

33328

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1994

5. FEI Number

65-0487628

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

Candace Curtiss

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

9785 SW 59th Street

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33328

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

Candace Curtiss

REGISTERED AGENT MUST SIGN

Date 3-19-02

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
DVP	Candace Curtiss	9785 SW 59th Street	Cooper City, FL 33328
DP	Suzanne Barr	5770 SW 88th Avenue	Cooper City, FL 33328

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:

Candace Curtiss

Candace Curtiss 3-19-02 954-680-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)

M. COHEN & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

2101 W. COMMERCIAL BLVD., SUITE 4800
FORT LAUDERDALE, FLORIDA 33309

(954) 731-5555 • BOCA (954) 340-0204
FAX (954) 731-9552

March 11, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**Re: Medical Superbillers, Inc.
Document #P94000017910**

To whom it may concern:

Enclosed please find the corporate reinstatement for Medical Superbillers, Inc. and a check in the amount of \$600.00. Uniform Business Reports were never received for calendar years 1999, 2000 or 2001 and therefore were never filed with the proper remittance. Upon reviewing the corporate information on the Division of Corporations website, www.sunbiz.org, it appears that the principal address of the Corporation is that of the Registered Agent in Miami, Florida. Medical Superbillers is located in Cooper City, Florida and the existing shareholders and Directors do not even recognize such address or Registered Agent. It is now assumed that the 1999 Uniform Business and subsequent reminder notices were mailed to the Miami address and never forwarded to the owners.

Since the nonfiling of the Uniform Business Reports resulted from the owners not having received the forms for filing and not being aware of such, we respectfully request reinstatement of the Corporation with abatement of the additional \$600.00 fee.

Your consideration regarding this matter will be most appreciated.

Very truly yours,

M. COHEN & ASSOCIATES, P.A.

Mark L. Cohen

Mark L. Cohen

MLC/ek

CC: Candace Curtiss

Enclosure