

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
K. Martin Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086763

1. Corporation Name

ADVANCED BILLING SERVICES, INC.

Principal Place of Business

Mailing Address

9900 WEST SAMPLE RD.
SUITE 401
CORAL SPRINGS FL 33065

9900 WEST SAMPLE RD.
SUITE 401
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/13/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0649834	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
P	NORVELL, TAMARA	780 W PALMETTO PARK RD	BOCA RATON FL 33486
T	NORVELL, ROBERT	780 W PALMETO PARK RD	BOCA RATON FL 33486
VP	FARIS, BRIAN	3504 N.W. 79TH WAY	HOLLYWOOD FL 33024
S	FARIS, RICHELLE	3504 N.W. 79TH WAY	HOLLYWOOD FL 33024
			400003038574--0 -11/08/99--01122-001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FARIS, BRIAN 3504 N.W. 79TH WAY HOLLYWOOD FL 33024		Name: Tamara Norvell Street Address (P.O. Box Number is Not Acceptable): 9900 W. Sample Road Suite, Apt. #, Etc.: Suite 401 City: Coral Springs State: FL Zip Code: 33065	

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: [Signature] REQUIRED Date: 10/14/99

REGISTERED AGENT MUST SIGN

11. 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] Tamara Norvell 10/14/99 954-255-9000

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

Advanced Billing Services, Inc.
9900 West Sample Road, Suite 401
Coral Springs, Florida 33065
Tel 954-255-9000
Fax 954-255-0870

October 26, 1999

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

Re: Tax ID# 65-0649834

To Whom it May Concern:

This letter is regarding the company above. I received a letter stating the State of Florida never received the annual return and that the company was being dissolved. After speaking with the department as per your request I am forwarding a copy of my original annual report sent in February of 1999, please note the changes as well as a new check for the amount of \$150.00. The check previously issued has never cleared my bank account. I also filled out the application for reinstatement, however I am not certain you will need it. I hope this will resolve this matter. Please do not hesitate to contact me should you have any questions. Thank you for your time today.

Sincerely,



Tamara Norvell
President