PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 16 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057886

1. Corporation Name
Express Medical Computer Billing, Inc.
1920 E. Hallandale Beach, Blvd. # 900
Hallandale Beach, Fl. 33009
Principal Place of Business

Mailing Address
1920 E. Hallandale Beach. Blvd. # 900
Hallandale Beach, Fl. 33009.

REINSTATEMENT 97 990 3/16/99

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

2. New Principal Office Address, If Applicable
1804 N. University Dr.
Suite, Apt. #, etc.
B
City & State
Plantation, Fl.
Zip
33322
Country
Broward

3. New Mailing Office Address, If Applicable
Same as 2
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
7-10-96

5. FEI Number
65-0677854
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Daniel D. Espinoza	1804 N. University Dr. #B Plantation, Fl. 33322	Plantation, Fl. 33322
Vice.	Jose A. Espinoza	1804 N. University Dr. B	Plantation, Fl. 33322
Pres.	Caleb Espinoza	1804 N. University Dr. B	Plantation, Fl. 33322

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-03/22/99--01146--007
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
AmeriLawyer
343 Almeria Ave.
Coral Gables, Fl. 33134

9. Name and Address of New Registered Agent
Name: Daniel D. Espinoza
Street Address (P.O. Box Number is Not Acceptable): 1804 N. University Dr. B
Suite, Apt. #, Etc.: B
City: Plantation
State: FL
Zip Code: 33322

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]
REGISTERED AGENT MUST SIGN
Date: 3-12-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel D. Espinoza

3-12-99
Date

954-423-9213
Daytime Phone #

CR2E040 (1-98)