

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

AND
FILED

98 DEC -7 PH 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000094404

1. Corporation Name

UNIVERSAL BILLING, INC.

Principal Place of Business

Mailing Address

18260 NORTHEAST 19TH AVENUE
SUITE 103
NORTH MIAMI FL 33162

18260 NORTHEAST 19TH AVENUE
SUITE 103
NORTH MIAMI FL 33162



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

18260 NE 19th Ave

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.

City & State
NMB FL

City & State

Zip Country
33162 Dade

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

11/13/1996

5. FEI Number

65-0711148

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 |
|------------|-------------------------------------|---|----------------------|
| PVD | CAUDILL, PAM | 18260 NORTHEAST 19TH AVENUE, SUI | NORTH MIAMI FL 33162 |
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708002712457-0
-12/15/98-01029-003
****150.00 ****150.00

JA 12/9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAUDILL, PAM
18260 NORTHEAST 19TH AVENUE
SUITE 103
NORTH MIAMI FL 33162

Name

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

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

Pam Caudill REGISTERED AGENT MUST SIGN

Date

12-1-98

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:

Pam Caudill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-98

Daytime Phone #

9450600

CR2040 (8/98)

December 1, 1998

RE: Universal Billing Inc.
FEIN 65-0711148

To Whom it May Concern:

Enclosed you will find my application for reinstatement application along with a check in the amount of \$150.00. I would like to apologize for not paying this fee, but I never received a notice prior to this one. We have moved to a different suite number. It is now 18260 NE 19 Ave suite 204 N.M.B. Fl 33162.

Again I would like to apologize for any problems this may have created, and I request that you please waive the penalty fee and late charges.

Sincerely,

A handwritten signature in cursive script that reads "Pam Caudill".

Pam Caudill, President