

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 30 PM 12:19

DOCUMENT # P96000096315

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08/15/03--01012--018 **908.75

1. Corporation Name

PROBILL, INC.

2. Principal Office Address

111 E. BOCA RATON RD.

Suite, Apt. #, etc.

COURTYARD

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

111 E. BOCA RATON RD.

Suite, Apt. #, etc.

COURTYARD

City & State

BOCA RATON, FL

Zip

33432

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/21/1996

5. FEI Number

650722167

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

TANA L. BONIELLO

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

111 E. BOCA RATON RD.

Suite, Apt. #, Etc.

COURTYARD

City

BOCA RATON

State

FL

Zip Code

33432

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

Tana Lynn Boniello
REGISTERED AGENT MUST SIGN

Date 7-29-03

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
D	TANA L. BONIELLO	111 E. BOCA RATON RD., COURTYA	BOCA RATON, FL 33432

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:

Tana Lynn Boniello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-03

Date

561-391-5476

Daytime Phone #

CR2E081 (10/02)