


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -3 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/09/04--01029--024 \*\*900.00

REINSTATEMENT 99-04

<b>CORPORATION REINSTATEMENT</b>				 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>			
<b>DOCUMENT # P97000041838</b>							
<b>1. Corporation Name</b> GEMINI BILLING SERVICE, INC.							
<b>2. Principal Office Address</b> 1800 SW 1 ST				<b>3. Mailing Office Address</b> 1800 SW 1 ST			
Suite, Apt. #, etc. STE 324				Suite, Apt. #, etc. STE 324			
City & State MIAMI, FLORIDA				City & State MIAMI, FLORIDA			
Zip 33125		Country USA		Zip 33125		Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida 05-12-1997</b>	
<b>5. FEI Number</b> 65-0253060	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name PATRICIA GONZALEZ		
Street Address (P.O. Box Number is Not Acceptable) 1800 SW 1 ST		
Suite, Apt. #, Etc. STE 324		
City MIAMI	State FL	Zip Code 33125

<b>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.</b>	
Signature of Registered Agent <i>Patricia Gonzalez</i>	Date 06-02-2004
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PSTD	PATRICIA GONZALEZ	1800 SW 1 ST -STE 324	MIAMI, FL 33125

<b>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.</b>	
<b>SIGNATURE:</b> <i>Patricia Gonzalez</i>	06-02-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

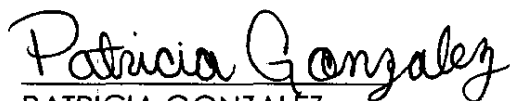
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT SINCE THE YEAR 1999 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
PATRICIA GONZALEZ  
PRESIDENT