

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

98 DEC 18 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082846

1. Corporation Name

P.H.P. BILLING CONSULTING, INC.

Principal Place of Business

9650 STIRLING ROAD #100
COOPER CITY FL 33024

Mailing Address

9650 STIRLING ROAD #100
COOPER CITY FL 33024



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.		09/24/1997	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	POZO, ARMANDO	9850 STIRLING ROAD #100	COOPER CITY FL 33024
SD	RODRIGUEZ, DAISY	9850 STIRLING ROAD #100	COOPER CITY FL 33024

200002724212--0
-12/29/98--01008--001
****158.00 ****158.00
56
12-18-98

8. Name and Address of Current Registered Agent

POZO, ARMANDO
9850 STIRLING ROAD #100
COOPER CITY FL 33024

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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
REGISTERED AGENT MUST SIGN

Date 12-8-98

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:

SIGNATURE REQUIRED
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-98

Date

(954)
450-1700

Daytime Phone #

12

DECEMBER 1, 1998

FLORIDA DEP OF STATE
DIVISION OF CORPORATIONS

REF: P.H.P. BILLING CONSULTING, INC.
DOC. # P97000082846

DEAR GENTLEMEN:

THE PURPOSE OF THIS LETTER IS IN REGARD OF THE NOTICE OF ADMINISTRATIVE DISSOLUTION FOR OUR COMPANY.

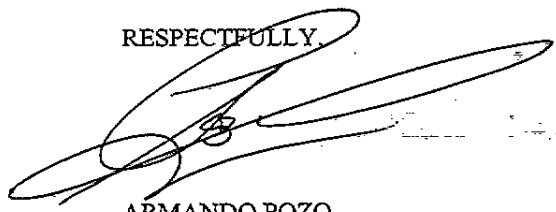
PLEASE BE ADVISED THAT WE NEVER RECEIVED THE ORIGINAL NOTICE FOR ANNUAL CORPORATE REPORT, HOWEVER WE RECEIVED THE NOTICE OF DISSOLUTION, SHOWING A REINSTATEMENT FEE OF \$ 750.00.

WE CONSIDER, THAT SINCE THIS IS OUR FIRST YEAR OF OUR COMPANY AND WE NEVER RECEIVED THE ORIGINAL NOTICE, WE SHOULD NOT BE PENALIZED FOR THIS.

ATTACHED WE ARE SENDING THE PROPER FEE OF THE ANNUAL REPORT.

PLEASE LET US KNOW OF YOUR DECISION.

RESPECTFULLY,

A handwritten signature in black ink, appearing to read 'ARMANDO POZO', with a large, stylized flourish extending from the end of the signature.

ARMANDO POZO