


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000017128

1. Corporation Name

Professional Billing Associates of Tampa Bay, Inc.

2. Principal Office Address

12555 Spring Hill Drive

Suite, Apt. #, etc.

City & State

Springhill, FL

Zip

34609

Country

USA

3. Mailing Office Address

12555 Spring Hill Drive

Suite, Apt. #, etc.

City & State

Springhill, FL

Zip

34609

Country

USA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

4. Date Incorporated or Qualified

To Do Business in Florida 2/20/98

5. FEI Number

593493596

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

David C. Lanigan

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

10927. NW 56th Street, Suite 2350

Suite, Apt. #, Etc.

1 Tampa City Center

City

Temple Terrace

State

FL

Zip Code

33617

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

David C. Lanigan  
REGISTERED AGENT MUST SIGN

Date

Oct 27, 2000

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	Mark D. Nanni	603 Waterwood Court	Lutz, Florida 33549
			900003490809--6 -12/08/00--01007--010 ****150.00 ****150.00
			LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-00

Daytime Phone #