

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P98000023581

**1. Corporation Name**

Billing 'N' More, Inc.

**2. Principal Office Address**

1923 Oro Court

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33764

Country

USA

**3. Mailing Office Address**

P.O. Box 1483

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33779

Country

USA

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

March 12, 1998

**5. FEI Number**

59-3499607

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

Judy M. Genshino

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

1923 Oro Court

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

**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

*Judy M. Genshino*  
REGISTERED AGENT MUST SIGN

Date 8/1/01

**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
P, T, D	Judy M. Genshino	1923 Oro Court	Clearwater, FL 33764
VP, D	William G. Kelly	4500 140th Ave. N.	Clearwater, FL 33762

**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:**

*Judy M. Genshino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/01

Date

727-519-0577

Daytime Phone #