




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JAN 17 PM 3:14</div> REINSTATEMENT 00-02	
DOCUMENT # P98000084198				
1. Corporation Name Consolidated Accounting & Billing Services, Inc.				
2. Principal Office Address P.O. Box 227624 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 227624 Suite, Apt. #, etc.		
City & State MIAMI, FL 33122-7624		City & State MIAMI, FL 33122-7624		
Zip 33122-7624	Country USA	Zip 33122-7624	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 9/30/1998		5. FEI Number 65-0868043		
		Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name MARICELA NICOLAS				
Street Address (P.O. Box Number is Not Acceptable) 1831 SW 93 PL.				
Suite, Apt. #, Etc. 600004884146--2 -02/07/02--01002--023 ***1050.00 ***1050.00				
City MIAMI		State FL	Zip Code 33165	
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 		Date 1/16/02		
REGISTERED AGENT MUST SIGN				
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	
VD	MARICELA NICOLAS	1831 SW 93 PL MIAMI, FL 33165	MIAMI, FL 33165	
PD	Mildred Goberna	13420 SW 54 ST MIAMI, FL 33175	MIAMI, FL 33175	
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: 		Date 1/16/02	Daytime Phone # 305-226-8458	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E081 (9/01)