

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000092944**

1. Corporation Name

**EAST COAST MEDICAL BILLING, INC.**

Principal Place of Business

Mailing Address

2801 SW 3RD AVENUE  
MIAMI FL 33129

2801 SW 3RD AVENUE  
MIAMI FL 33129

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1998

5. FEI Number

65-0876943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4. City / State / Zip
PD	POZO, JAMES	2801 SW 3RD AVENUE	MIAMI FL 33129
SD	POZO, CARMEN	2801 SW 3RD AVENUE	MIAMI FL 33129

900003029879--9  
-11/01/99--01007--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POZO, JAMES  
2801 SW 3RD AVENUE  
MIAMI FL 33129

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/14/99

11. 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 stated 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

Daytime Phone

10/14/99 (305) 858-8954

(305) 8540417

CR2040 (8/98)

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October 14, 1999

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

RE: ANNUAL REPORT

To Whom It May Concern:

I am writing this letter in reference to a Notification of Administrative Dissolution or Revocation I received by mail on October 13, 1999.

I just started my corporation for the first time on the 2<sup>nd</sup> of November of 1998, and in all honesty was not familiar with the deadlines and procedures involved with the annual reports until now. As soon as I received the letter I called your offices and spoke to a representative by the name of Michelle and proceeded to explain to her that this was the first and only notification I have received. My only valid explanation to my not filing this form on time is that for the past year our area has had part-time postal workers who are not familiar with the area and are changed every few months, sometimes even on a weekly-basis. Therefore, I have already had a few incidents of missing mail and receiving mail which does not correspond to me as well.

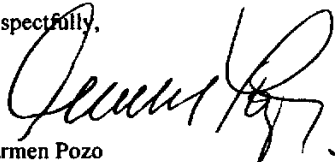
I ask in earnest that you please take all this into consideration and grant me a waiver on the late fees, due to my circumstances.

I am also changing the mailing address on the form enclosed so as to try to remedy this situation from taking place again.

I trust you will understand this situation and accept my apologies.

Thanking you in advance, I remain

Respectfully,



Carmen Pozo  
East Coast Medical Billing, Inc.