

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF
REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000101644

00 MAY -8 PM 3:21

1. Corporation Name

PRECISION BILLING SOLUTIONS, INC.

Principal Place of Business

24900 SW 172ND AVE.
HOMESTEAD FL 33031

Mailing Address

24900 SW 172ND AVE.
HOMESTEAD FL 33031



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.

12/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	CARMENZA G. HOUSE	24900 SW 172 AVE.	HOMESTEAD, FL 33031
			300003266493--7 -05/25/00--01038--033 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOUSE, CARMENZA G
24900 SW 172ND AVE.
HOMESTEAD FL 33031

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

Date

REGISTERED AGENT MUST SIGN

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 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

Daytime Phone #

12/3/99 (305) 246-3891

PRECISION BILLING SOLUTIONS, INC. ²

A full service medical billing and collections company

December 03, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

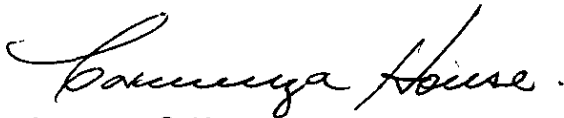
To Whom it May Concern,

This letter is in response to the Notice of Dissolution or Revocation notice received by my company as advised by your office during our phone conversation.

As I mentioned to the clerk that I spoke with on the telephone, we never had received the notice to file an annual report for 1999. The first correspondence that we received was the above mentioned Notice of Dissolution or Revocation. The clerk that I spoke with advised me to send this letter along with the original check for \$150.00 and that the matter would be resolved.

As we are a new company and are unfamiliar with state requirements, we appreciate your consideration concerning this matter.

Sincerely,



Carmenza G. House

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