

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 29 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012890

1. Corporation Name

AMERICAN DADE MEDICAL BILLING, INC.

Principal Place of Business

Mailing Address

10464 SW 21ST TERRACE
MIAMI FL 33165

10464 SW 21ST TERRACE
MIAMI FL 33165



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

02/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

45-0894690

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/T	ORLANDO C. GONZALEZ	10464 SW 21 TERR	MIAMI, FL 33165
V/S	ENGRACIA M. GONZALEZ	10464 SW 21 TERR	MIAMI, FL 33165

8. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO C
10464 SW 21ST TERRACE
MIAMI FL 33165

9. Name and Address of New Registered Agent

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

Engracia M. Gonzalez
REGISTERED AGENT MUST SIGN

Date 12/26/00

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:

Engracia M. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/00
Date

(305) 220-6530
Daytime Phone #

CR2E040 (8/00)