

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000081663

1. Corporation Name

BILLINGNETWORK.COM, INC.

00 OCT 16 AM 9:00

Principal Place of Business

Mailing Address

7629 KAPOK DRIVE  
SARASOTA FL 34241

7629 KAPOK DRIVE  
SARASOTA FL 34241



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

04-04-00 90002 005 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0952966

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KRUMHOLZ, RICHARD A	7629 KAPOK DRIVE	SARASOTA FL 34241
D	LOWERY, SUSAN	7629 KAPOK DRIVE	SARASOTA FL 34241

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRUMHOLZ, RICHARD A  
7629 KAPOK DRIVE  
SARASOTA FL 34241

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/12/00

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:

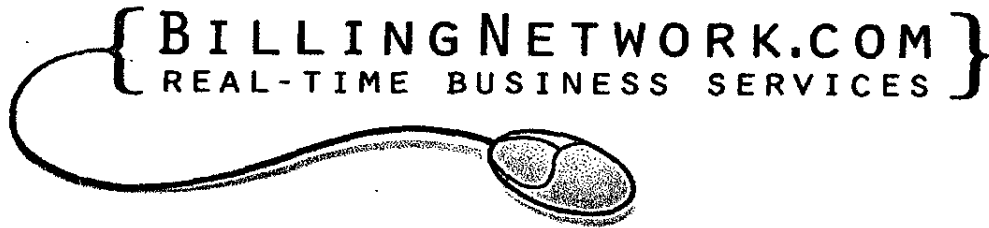
*[Signature]* RICHARD A. KRUMHOLZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00 941-924-6173  
Daytime Phone #

CR2E040 (8/00)

October 12, 2000



1960 Stickney Point Rd. #201  
Sarasota, Fl. 34231

Tele: 941-924-6553  
Fax: 941-921-3050

e-mail: [Richard@billingnetwork.com](mailto:Richard@billingnetwork.com)

Florida Dept. of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear sirs:

My Annual Reports/Uniform Business Reports was filed and paid on 4/26/2000. Despite this I have received a notification of administrative dissolution. I called your office and talked to Shawn Toner who informed me that my previous filing was missing our fei number and that the form was returned for completion. That form was never received by us. He instructed me to put that number on the dissolution form and return it to your office with a letter explaining the situation and that it would be taken care.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard A. Krumholz", is written over the typed name.

Richard A. Krumholz  
Chairman