

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 15 PM 12:11

DOCUMENT # **P99000095122**

1. Corporation Name

**MEDICAL BILLING SOLUTIONS, INC.**

Principal Place of Business 4521 P.G.A. BLVD., STE. 235 PALM BEACH GARDENS FL 33418	Mailing Address 4521 P.G.A. BLVD., STE. 235 PALM BEACH GARDENS FL 33418
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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 <b>10/27/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0988939</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Co-owner	Jennifer P. Larson	114 Lost Bridge Drive	Palm Beach Gardens, FL 33410
Co-owner	Kristina P. Kiumarsi	118 Day Lily Drive	Jupiter, FL 33458

200003469572--4  
-11/20/00--01013--013  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

LARSON, JENNIFER P  
114 LOST BRIDGE DR.  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number Is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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

*Jennifer P. Larson*  
REGISTERED AGENT MUST SIGN

Date **10/19/00**

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: *Jennifer P. Larson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/19/00** **561/775-2621**  
Date Daytime Phone #

CR2E040 (800)

Attachment  
P99000095122 (2)



**Medical Billing Solutions, Inc.**

4521 P.G.A. Blvd., Suite 235  
Palm Beach Gardens, FL 33418  
561.775.2621

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October 19, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

Per the direction of Tyrone in your customer service department, I have enclosed a check for \$150.00 to reinstate the above corporation.

My reason for reinstatement is that I never received the mailing from the State, stating the necessary requirements to continue this license. I have run into this problem with other vendors and their statement or invoices not getting to me. I have filed a complaint with the US Postal Service in hopes that this will soon be resolved.

Please let me know if you need any further information.

Jennifer P. Larson  
Medical Billing Solutions, Inc.