

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S-29560**

1. Corporation Name

Med Billing Services Corp

2. Principal Office Address - No P.O. Box #

1100 NE 163 ST

Suite, Apt. #, etc.

Suite 102

City & State

No. Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

1100 NE 163 ST

Suite, Apt. #, etc.

Suite 102

City & State

No. Miami Beach, FL

Zip

33162

Country

USA

7. Name and Address of Current Registered Agent

Name

Loida Garcia

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

1100 NE 163 ST

Suite, Apt. #, Etc.

Suite 102

City

No. Miami Beach

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Loida Garcia

REGISTERED AGENT MUST SIGN

Date **2-6-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Loida Garcia	1100 NE 163 ST S-102	No Miami Beach, FL 33162

10. 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 contained in Chapter 119, 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

Loida Garcia

Date

2-6-07

Daytime Phone #

305-218-4128

FILED

2007 FEB 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800088533868
02/19/07--01002--007 **1050.00

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

2-5-91

5. FEI Number

650241086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT 05-07