

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 533582

1. Corporation Name

Medical Business Office Consultants,
INC

2. Principal Office Address

11250 Old St. Augustine Rd

Suite, Apt. #, etc.

Suite 15-356

City & State

Jacksonville, FL

Zip

32257

Country

US

3. Mailing Office Address

17111 Kanton DR

Suite, Apt. #, etc.

Suite 203B

City & State

Cornelius, NC

Zip

28031

Country

US

FILED

05 JUN 13 PM 4:39

TALLAHASSEE, FLORIDA

500056403265

06/21/05--01066--006 **1067.50

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-3065592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry R. Goedert

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

11250 Old St. Augustine Rd

Suite, Apt. #, Etc.

Suite 15-356

City

Jacksonville

State

FL

Zip Code

32257

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

[Signature]

Date 4/6/05

REGISTERED AGENT MUST SIGN

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
DTU	John W. Mangum III	299 Clearwater Dr	Ponte Vedra Bch, FL 32082
DPS	Jerry R. Goedert	7825 Leisure Ln	Huntersville, NC 28078

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry R. Goedert

Date

4/6/05

Daytime Phone #

704-655-8784

CH2E081 (01/05)

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Medical Business Office Consultants, Inc
"Partners in Management"

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # S33582

Dear Department:

Recently, while applying for Certificate of Authority in the state of North Carolina we realized that our Corporation status in Florida was inactive. As I began to investigate this I realized that our address was never changed on the State of Florida records. This error facilitated us not receiving notices to file annual reports and thus I forgot to file them. I found all this information while browsing www.sunbiz.org. Because of not receiving notices and not filing annual reports we were given an administrative dissolution in 1998. We have not dissolved and have been doing business as normal.

I have completed the reinstatement form attached. We request that since we never received notices that reinstatement fees be waived. Assuming that this waiver shall be allowed I have enclosed a check for \$1,067.50 (quoted amount from your office). This amount includes \$17.50 for two "Certificate of Status" forms to be returned to us at our new mailing address.

I trust that I have completed all necessary forms and complied appropriately to accomplish the reinstatement of our corporation in a speedy manner so that we can complete our Tax filings. I thank you in advance for your quick reply.

Sincerely


Jerry R. Goedert
President/CEO

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