

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 23 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 66854**

1. Corporation Name

**PROFESSIONAL BILLING AND MANAGEMENT
SERVICES, INC**

2. Principal Office Address

7469 18th SE. N.E

Suite, Apt. #, etc.

3. Mailing Office Address

7469 18th Street NE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33702

Country

PINELLAS

Zip

33702

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-12-1991

5. FEI Number

59 307 4813

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

KOKILA S. SHAH

300003155643-1

-03/03/00--01005--003

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

7469 18th STREET N.E

*****1808.75 ***1808.75**

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33702

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

Kokila S. Shah

Date **2-16-2000**

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

P/D SUBHASBHAI M. SHAH 7469 18th Street N.E ST. PETERSBURG, FL 33702

V/D/S KOKILA S. SHAH 7469 18th Street N.E ST. PETERSBURG, FL 33702

REINSTATEMENT 93-00 TS

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:

Subhasbhai M. Shah

**SUBHASBHAI M. SHAH
PRESIDENT**

2-16-2000

727-823 2188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #