PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # \ 1. Corporation Name

Accurate Medical Billing

Principal Place of Business

Mailing Address

SISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 97 MAY 16 PM 1: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above a	St. 1	Petersburg	RIFL.	33701	er correction below	REINS	FATEMENTA6-97	
If above addresses are incorrect in any way, line the ough incorrect in a New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable		4. Date Incorp	orated or Qualified	
Suite, Apt. #, etc. Suite, Apt.				f, etc.		5. FEI Number		
City & State			City & State	City & State			59-3360027 L NOT Applicable	
Zip Country		Zip	Zip Countr		6. CERTIFICATE OF STATUS DESIRED S6.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Fig	orida nonprofit corp	orations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip	
Р	Elizabeth Hutton				25 Second St.N Suite 320		St. Petersburg, FL.	
						51	000021903153 -05/23/9701115007 *****915.00 *****915.00	
	8 Nam	e and Address of Curre	N Decisioned Ag				60/5/20/97	
,	8. Name and Address of Current Registered Agent				Name	Name and Address of New Registered Agent Name		
j	Ben Felder, Esq. 42 First Street S.E. 5t. Petersburg, Fl 33701				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10 I baina	annainta de tha	replatered agent of the a				75	<u> </u>	
Signature of Registered	- \ / \ /	DW/K		ENT MUST SIGN	with and accept the ol	Digations of Section	on 607,0505, F.S. Date	
11. Do De	es this c pt. of Re	corporation pay evenue under S	any intanç . 199.032,	jible tax to t Florida Sta	the tutes. Yes[✓ No [(See other side for information on intangible tax.)	
owed by	statement app The corporation	lication, the reason for dis	solution has been a names of individ	eliminated, the cor luals listed on this fo	porate name satisfies orm do not qualify for :	the requirements an exemption und	oter 607 or 617, F.S. I further certify that when filling of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The Information Indicated	