

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 # **F97000001289**

1. Corporation Name

PARALIGN REVENUE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4350 E. CAMELBACK RD., SUITE 100E
 PHOENIX AZ 85018

4350 E. CAMELBACK RD., SUITE 100E
 PHOENIX AZ 85018

4800 North 22nd Street, Ste 201
 Phoenix, Arizona 85016

4800 North 22nd Street, Ste 201
 Phoenix, Arizona 85016

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	
4800 North 22nd Street		4800 North 22nd Street	
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201		
City & State Phoenix, ARIZONA	City & State Phoenix, ARIZONA		
Zip 85016	Country U.S.A.	Zip 85016	Country U.S.A.



REINSTATEMENT 08-99

4. Date Incorporated or Qualified To Do Business in Florida	03/13/1997
5. FEI Number	86-0866551
APPLIED FOR	Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED []	7.75 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 (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
T, C, D	SHOSTACK, RONALD N	4300 E. ROSE LANE	PARADISE VALLEY AZ 85253
S, D	Etaine Cannon DAHLEN, CHERYL A	4800 N. 22ND ST, Ste 201 4376 E. MURIEL DR.	Phoenix, AZ 85016 PHOENIX AR 85032
P, D	Stephen C. Reid	6224 N. 38th St.	Paradise Valley, Ariz 85253
S, D	Dennis L. Hall	4412 EAST Black Oak Rd.	Scottsdale, Ariz. 85255
V, P, D	Noel Felipe	12815 S.W. 107th	Miami, Fla 33186
D	Theresa Conley	4800 N. 22ND ST, Ste 201	Phoenix, AZ 85016
D	Roberta Merker	4800 N. 22ND ST, Ste 201	Phoenix, AR 85016

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: [Signature]
 Street Address (P.O. Box Number is Not Acceptable): [Signature]
 Suite, Apt. #, Etc.: [Signature]
 City: [Signature]

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: Vickie M. Prince
 Registered Agent MUST SIGN: Asst. Secy.
 Date: 3-3-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: Dennis L. Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/01/99
 Daytime Phone #: 602-604-6218

CR2ED90 (9/98)