

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108420

1. Corporation Name

Plus Medical Supplies &
Equipment Corp.

2. Principal Office Address

3855 S.W. 137 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

SAME

City & State

Miami, FL

City & State

same

Zip

Country

33175

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 21, 2001.

5. FEI Number

65-1057210

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

Claudia Ortega

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

9825 S.W. 49th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Claudia Ortega

REGISTERED AGENT MUST SIGN

Date

11/

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
President	Claudia Ortega	9825 S.W. 49th St.	Miami FL 33165
Vice President	Eulalia Larrocho	4930 S.W. 98th Ave Rd.	Miami, FL 33165

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia Ortega

Date

Daytime Phone #

305-793-3329

CR2E081 (9/01)