

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 19 PM 2:25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081918

1. Corporation Name

PLUS Management INC.

REINSTATEMENT 03-04

2. Principal Office Address

1640 W. OAKLAND PARK BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

11

City & State

FT LAUDERDALE FL.

City & State

11

Zip

33311

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

46-0493110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200033409552

04/21/04--01027--008 **300.00

7. Name and Address of Current Registered Agent

Name

Robert Retterer

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

1640 W. OAKLAND PARK BLVD #.

Suite, Apt. #, Etc.

Suite 403

City

FT LAUDERDALE FL

State

FL

Zip Code

33311

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 4-8-04

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
Pres	Robert Retterer	1640 W. OAKLAND PARK BLVD Suite 403	FT LAUDERDALE FL 33311
VP	Salvador Diaz	1640 W. OAKLAND PARK BLVD Suite 403	FT LAUDERDALE FL 33311
Sec	Robert Retterer	1640 W. OAKLAND PARK BLVD Suite 403	FT LAUDERDALE FL 33311

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]

Robert Retterer President

Date

4-8-04

Daytime Phone #

(954) 640-0450

CR2081 (01/04)

P l u s M a n a g e m e n t I n c .

April 8,2004

Plus Management Inc.
1640 West Oakland Park Blvd Suite 403
Ft Lauderdale Florida 33311

Department of Corporations
Reinstatement Division

To Whom It May Concern,

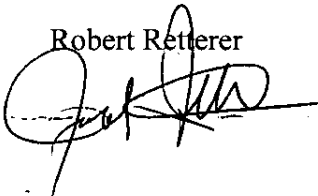
We were in the process of preparing our yearly tax return when it was brought to our attention the company was dissolved for failure to file its annual report. Our offices moved last summer and it appears we never received the documents and no one ever filed the report. I contacted your office and I was directed to go to your web site, down load the form complete and submit with a check for Three Hundred (\$300.00) dollars as attached.

I have corrected the address and the misspelling of the registered agents name.

If there are any deficiencies please contact me at (954) 640 – 0450

Sincerely,

Robert Retterer

A handwritten signature in black ink, appearing to read 'Robert Retterer', is written over a horizontal dashed line.