FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 20 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000126711

1. Corporation Name

Health Plus Medical Clinics, Inc

REINSTATEMENT 03-04

600028382786
02/09/04--01006--006 **300.00

2. Principal Office Address
3459 W. Vine St.

Suite, Apt. #, etc.

City & State
Kissimmee, FL

Zip 34741 | Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 12/02/2002

5. FEI Number [X] 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 JOHN RUSSELL, Jr.

Street Address (P.O. Box Number is Not Acceptable)
5332 BLACK PINE DR.

Suite, Apt. #, Etc.

City TAMPA, Fla. | State FL | Zip Code 33624

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 John Russell, Jr. Date 1/3/04
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
Director	John E. Russell	3459 W. Vine St.	Kissimmee, FL 34741
	Renewal mailed in		
	* will we still have # 020655977?		Thank you
	old Ident # ?		

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: John E. Russell 1/1/04 (407) 647 4325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #