

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 16 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000015015**

1. Corporation Name

J & P HEALTH CARE, INC.

2. Principal Office Address

6135 NW 167TH STREET

3. Mailing Office Address

6135 NW 167TH STREET

Suite, Apt. #, etc.

SUITE 28 E

Suite, Apt. #, etc.

SUITE 28 E

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33015

Country

USA

Zip

33015

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/21/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7/8/05 90024 026 15000

7. Name and Address of Current Registered Agent

Name

ANA RUBENIA PINEDA

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

6135 NW 167TH STREET

Suite, Apt. #, Etc.

SUITE 28 E

City

MIAMI

State

FL

Zip Code

33015

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 **08-15-2005**

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
PD	ANA RUBENIA PINEDA	6135 NW 167TH ST-SUITE 28E	MIAMI, FL 33015
T	JAMES K. BLAIR	6135 NW 167TH ST-SUITE 28E	MIAMI, FL 33015

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)(l), 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]

08-15-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 Roberts AUG 16 2005

CR2E081 (01/05)

B3282

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 2005 I SUBMITTED THE ANNUAL REPORT FORM ALONG WITH THE PAYMENT OF \$150.00 AND I NEVER RECEIVED A REJECTED LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A COMPLETE ANNUAL REPORT FORM WITH THE CURRENT AND CORRECT INFORMATION ALONG WITH THIS LETTER. YOU ALREADY HAVE THE 2005 PAYMENT, AND HOPEFULLY YOU CAN HELP TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION AND IF YOU HAVE ANY FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT US.

CORDIALLY,



ANA RUBENIA PINEDA
PRESIDENT