

PG 1 of 2  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>P04000015015</b>		
<p>1. Corporation Name J &amp; P HEALTH CARE, INC.</p>		

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

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
<p>4. Date Incorporated or Qualified To Do Business in Florida <b>01/21/2004</b></p> <p>5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <b>S8.75 Additional Fee required for a Certificate of Status</b></p>			

7. Name and Address of Current Registered Agent			
<p>Name <b>ANA RUBENIA PINEDA</b></p> <p>Street Address (P.O. Box Number is Not Acceptable) <b>6135 NW 167TH STREET</b></p> <p>Suite, Apt. #, Etc. <b>SUITE 28 E</b></p> <p>City <b>MIAMI</b></p>			
		State <b>FL</b>	Zip Code <b>33015</b>

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 <i>"Cooper"</i>		Date <b>08-15-2005</b>
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	<b>ANA RUBENIA PINEDA</b>	<b>6135 NW 167TH ST-SUITE 28E</b>	<b>MIAMI, FL 33015</b>
T	<b>JAMES K. BLAIR</b>	<b>6135 NW 167TH ST-SUITE 28E</b>	<b>MIAMI, FL 33015</b>

<p>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.</p>			
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SIGNATURE: <i>"Cooper"</i>	Date <b>08-15-2005</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

CR2E081 (01/05)

T. Roberts AUG 16 2005

13232

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 RUBEN A. PINEDA  
PRESIDENT