

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 PM 2:29

DOCUMENT # P93000061450

1. Corporation Name Medi-Plans Management, Inc.

2. Principal Office Address
8923 NW 147 Terrace

3. Mailing Office Address
PO Box 441206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes, Florida

City & State
Miami, Florida

Zip Country
33016 USA

Zip Country
33144 USA

REINSTATEMENT 96-04

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

5. FEI Number 65-0439414
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
Elena Moure-Domecq, Esq.

Street Address (P.O. Box Number is Not Acceptable)
7805 Coral Way, Suite 103

Suite, Apt. #, Etc.
Suite 103

City State Zip Code
Miami, FL 33155-6539

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
REGISTERED AGENT MUST SIGN

Date

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
P	Fernando Valderrama	7805 Coral Way, Suite 103	Miami, FL 33155-6539

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: Fernando Valderrama
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/04 305-269-9788
Date Daytime Phone #