

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILLED

03 DEC 19 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

600025630666
12/19/03--01040--008 **750.00

DOCUMENT # P94000009292

1. Corporation Name

MEDICAL SERVICES PLUS, INC.

2. Principal Office Address

9240 S.W. 72 STREET

Suite, Apt. #, etc.

222

City & State

MIAMI, FL.

Zip

33173

Country

U.S.

3. Mailing Office Address

9240 S.W. 72 STREET

Suite, Apt. #, etc.

222

City & State

MIAMI, FL.

Zip

33173

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 4TH, 1994

5. FEI Number

65-0464768

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

EVARISTO JESUS PEREZ

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

321 E. 35 STREET

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33013

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

12/15/03

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	EVARISTO JESUS PEREZ	321 E. 35 STREET	HALEAH, FL 33013

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:

EVARISTO J. PEREZ, President

Date

12/15/03

Daytime Phone #

(305) 290 3369

CR2E081 (10/02)