
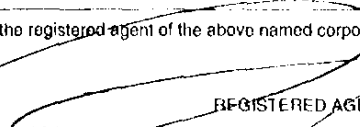
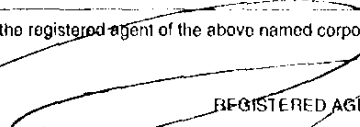


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 97 DEC 24 AM 11:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # P95000037662 1. Corporation Name DR. HOOK UP, INC				<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 3em; font-weight: bold; margin-top: 10px;">97</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">AD</div>	
Principal Place of Business 650 NW 106TH TERR PEMBROKE PINES FL 33028		Mailing Address STATE			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 12390 NW 18 ST Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 12390 NW 18 ST Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5/18/95	
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL		5. FEI Number 65-0566961	
Zip 33028		Country BROWARD		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip 33028		Country BROWARD		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres Dir	AVELINO GONZALEZ	12390 NW 18 ST	PEMBROKE PINES FL 33028		
8. Name and Address of Current Registered Agent AVELINO GONZALEZ 650 NW 106TH TERR PEMBROKE PINES FL 33028			9. Name and Address of New Registered Agent Name ROYALE MANAGEMENT SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2319 N ANDREWS AVE Suite, Apt. #, Etc. City FORT LAUDERDALE State FL Zip Code 33311		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent  </div> <div> REGISTERED AGENT MUST SIGN  </div> <div> Date 12/22/97 Royal Management Services Inc </div> </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]					

CR2040 (12/95)