

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 4:15

DOCUMENT # P97000092068

1. Corporation Name

RX PLUS, INC.

Principal Place of Business

Mailing Address

855 NE JENSEN BCH BLVD
JENSEN BEACH FL 34957
US

855 NE JENSEN BCH BLVD
JENSEN BEACH FL 34957
US



REINSTATEMENT00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2737 SE Morningside Blvd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2737 SE Morningside Blvd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1997

5. FEI Number

65-0791823

Applied For

Not Applicable

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34952

Country

USA

Zip

34952

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
1	2	3	4
PD	BULLER, MICHEAL	855 NE JENSEN BEECH BLVD	JENSEN BEACH FL 34957
STD	CASTILLO, JOSE	13958 NW 107TH AVE	HIALEAH FL 33018
VD	HILL, BRIAN	13958 NW 107TH AVE	HIALEAH FL 33010

6000004212636-1
-05/11/01-01118-023
***900.00 ***900.00

See Attached

JBH/19

8. Name and Address of Current Registered Agent

CASTILLO, JOSE
132958 NW 107TH AVE
HIALEAH FL 33018

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

See Attached
REGISTERED AGENT MUST SIGN

Date

4/27/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

CR2EAD (8/00)

2001 UNIFORM BUSINESS REPORT (UBR)

2012

DOCUMENT # P97000092068

1. Entity Name
RX PLUS, Inc.

Principal Place of Business Mailing Address
855 N.E. Jensen Beach Blvd. 855 N.E. Jensen Bch. Blvd.
Jensen Beach, FL, 34957 Jensen Beach, FL. 34957

2. Principal Place of Business 3. Mailing Address
2737 S.E. Morningside Blvd. 2737 SE Morningside Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port St. Lucie, FL. Port St. Lucie, FL.
Zip Zip
34952 USA 34952 USA

4. FEI Number Applied For
65-0791823 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jose Castillo
21011 Johnson Street suite 120
Pembroke Pines, FL. 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!! FEE IS \$150.00**
After MAY 1, 2011 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buller, Michael S.
STREET ADDRESS	534 SE Cliff Road
CITY-ST-ZIP	Port St. Lucie, FL. 34984
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T/O
STREET ADDRESS	Castillo, Jose
CITY-ST-ZIP	21011 Johnson St., Ste. 120 Pembroke Pines, FL. 33029
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D
STREET ADDRESS	Hill, Brian
CITY-ST-ZIP	21011 Johnson St. Ste. 120 Pembroke Pines, FL. 33029
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael S. Buller 4/27/01 (561) 337-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)