

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

06 MAY 16 AM 10:07

DOCUMENT # *P98000015715*

1. Corporation Name

*Plus Health Care & Suppliers, Inc.*

2. Principal Office Address

*782 N.W. 42 Ave*

3. Mailing Office Address

*1260 SW 28 terrace*

Suite, Apt. #, etc.

*Suite 636*

Suite, Apt. #, etc.

City & State

*Miami, FL.*

City & State

*Fort Lauderdale, FL.*

Zip

*33126*

Country

*U.S.A.*

Zip

*33312*

Country

*U.S.A.*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*02-17-1998*

5. FEI Number

*65-0911244*

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

*Miguel Yabor*

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

*3370 SW 17 street*

Suite, Apt. #, Etc.

City

*Fort Lauderdale.*

State

*FL*

Zip Code

*33312*

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 *4-28-2006*

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
<i>P</i>	<i>Miguel Yabor</i>	<i>3370 SW 17 street</i>	<i>Fort Lauderdale/FL/33312</i>
<i>V</i>	<i>Alfredo M. Oquendo Machado</i>	<i>9931 SW 154 Place</i>	<i>Miami/FL/33196</i>
<i>S</i>	<i>Maribel Lopez Yabor</i>	<i>1260 SW 28 Terrace</i>	<i>Fort Lauderdale/FL/33312</i>

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 contained in Chapter 119, 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

Daytime Phone #

*4-28-2006 (954) 822-5240*

M. Williams MAY 16 2006

Fort Lauderdale, April 28, 2006

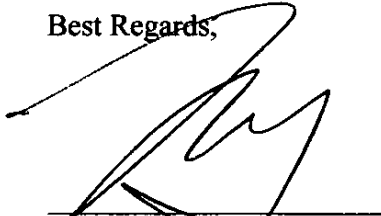
To: Florida Department of State Division of Corporations.

This letter is to inform you that Plus Health Care & Suppliers did not receive the annual report notices in the year of dissolution. Plus Health Care & Suppliers has never received a notice from the Department of State Corporations. Please note that an error was observed in the mailing address you have listed in the Corporations Online web page. Please correct the mailing address, it is:

1260 SW 28 terrace,  
Fort Lauderdale, Fl. 33312

I would like to re-instate the corporation. Enclose please find the applicable form and fees.

Best Regards,



Miguel Yabor, President