

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.

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

CR2E081 (12/05)

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

REINSTATEMENT 02-06

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, 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>

900075873569
06/06/06--01015--015 **1050.00

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 817.0401, 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

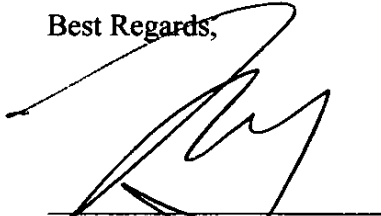
To: Florida Department of State Division of Corporations.

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