

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!!

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

97 DEC 31 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V69660

1. Corporation Name

Plus Services, Inc.

Principal Place of Business

Mailing Address

4691 N University DR, Suite 433  
Coral Springs, FL 33067

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/8/92

5. FFL Number

59-3151391

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Harold Benjamin	6208 Pembroke Road	Miramar, FL 33023

7000002402557--2  
-01/16/98--01004--018  
\*\*\*1245.00 \*\*\*1245.00

10/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREGORY RUBIN  
5811 MEMORIAL HWY # 101  
Tampa FL 33615

Name  
Harold Benjamin  
Street Address (P.O. Box Number is Not Acceptable)  
6208 Pembroke Road  
Suite, Apt. #, Etc.

City  
Miramar

State  
FL

Zip Code  
33023

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/20/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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

[Signature]

10/20/97  
Date

954-619-9100  
Daytime Phone #