

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

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DOCUMENT # 904000142685

1. Corporation Name
CARDIOVASCULAR RISK REDUCTION USA, INC.

REINSTATEMENT
05-06

2. Principal Office Address <u>5150 LINTON BLVD</u>		3. Mailing Office Address <u>5150 LINTON BLVD,</u>	
Suite, Apt. #, etc. <u>220</u>		Suite, Apt. #, etc. <u>220</u>	
City & State <u>DELRAY BEACH, FL</u>		City & State <u>DELRAY BEACH, FL</u>	
Zip <u>33484</u>	Country <u>USA</u>	Zip <u>33484</u>	Country <u>USA</u>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>OCT 15, 2004</u>	
5. FEI Number <u>161710723</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>CAMILLE CARIDA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5150 LINTON BLVD.</u>	
Suite, Apt. #, Etc. <u>220</u>	
City <u>DELRAY BEACH</u>	State Zip Code <u>FL 33484</u>

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 Camille Carida Date DEC 9, 2006
REGISTERED AGENT MUST SIGN

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
<u>P, V, S, T</u>	<u>CAMILLE CARIDA</u>	<u>5150 LINTON BLVD. #220</u>	<u>DELRAY BEACH FL 33484</u>

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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: Camille Carida CAMILLE CARIDA Date DEC 9, 2006 Daytime Phone # 954-415-8423