

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Jul 2

**CORPORATION  
REINSTATEMENT**



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

**FILED**

03 JAN 14 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **400316**

1. Corporation Name

**Bertha's Nutrition Shoppes Inc.**

2. Principal Office Address

**3802 W. Neptune St.**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

**33629**

Country

**U.S.A.**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-2-1972**

5. FEI Number

**59-1420-949**

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

**Dena Van Orden**

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

**2424 W. Tampa Bay Blvd - B201**

Suite, Apt. #, Etc.

**B201**

City

**Tampa**

State  
**FL**

Zip Code

**33607**

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

**Dena Van Orden**

REGISTERED AGENT MUST SIGN

Date **11-21-02**

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
Pres.	Dena Van Orden	2424 W. Tampa Bay Blvd. B201	Tampa, FL 33607

**400012328634**  
**02/12/03--01008--018 \*\*150.00**

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 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:

**Dena Van Orden Dena Van Orden**

Date

**11-21-02**

Daytime Phone #

**813-259-1109**

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 19, 2002

BERTHA'S NUTRITION SHOPPES, INC.  
3802 W. NEPTUNE ST.  
TAMPA, FL 33629

SUBJECT: BERTHA'S NUTRITION SHOPPES, INC.  
Ref. Number: 400316

Pursuant to our telephone conversation of September 19, 2002, I am enclosing a blank uniform business report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 002A00053540

To Whom It May Concern,

The Corporation never received the 2002  
business report.

I am requesting you wave any penalty.

Sincerely,  
Dena Van Orden Pk