

F02000003771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400054675984

05/23/05--01013--002 **35.00

FILED
05 MAY 23 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJ

T. Smith MAY 25 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIETERTABS, INC.
(Name of corporation)

DOCUMENT NUMBER: F02000003771

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

BARRY STEINFINK, ESQ.
(Name of Person)

(Firm/Company)

80 GRASSLANDS ROAD
(Address)

ELMSFORD, NY 10523
(City/State and Zip code)

For further information concerning this matter, please call:

BARRY STEINFINK, ESQ. at 914 3470-4700 EXT. 19
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

DIETERTABS, INC.

(Name of Corporation)

F02000003771

(Document Number of Corporation (if known))

NEW YORK STATE

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

3 GANNETT DRIVE


(Mailing Address)

WHITE PLAINS, NY 10604

(City/ State /Zip)

FILED
05 MAY 23 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4/5/05
(Date)

DIETER SILVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35