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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 26 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

F83245

1. Corporation Name

Organic Plus, Inc.

2. Principal Office Address

2112 Tyler Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

6278 N. Federal Hwy.

Suite, Apt. #, etc.

POB 438

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1982

5. FEI Number

65-0357498

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

Lawanda Joseph

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

2112 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Lawanda Joseph

REGISTERED AGENT MUST SIGN

Date 7-14-00

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
PD	Lawanda Joseph	2112 Tyler Street	Hollywood, FL 33020
VPD	Marcella Joseph	2112 Tyler Street	Hollywood, FL 33020
STD	Yvonne Williams	2112 Tyler Street	Hollywood, FL 33020
			KE

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:

Lawanda Joseph

Lawanda Joseph

7-14-00

Date

954-925-8185

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR