

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F99000004346**

1. Corporation Name

NATUROPATHIC LABORATORIES INTERNATIONAL, INC.

Principal Place of Business

P.O. BOX 14174
ST. PETERSBURG FL 33733-4174

Mailing Address

P.O. BOX 14174
ST. PETERSBURG FL 33733-4174

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

2. New Principal Office Address, If Applicable
4911 Creekside Drive

Suite, Apt. #, etc.

Unit A

City & State
Clearwater FL

Zip
33760

Country
USA

3. New Mailing Office Address, If Applicable

1 LINDEN PLACE

Suite, Apt. #, etc.

Suite 205

City & State
GREAT NECK NY

Zip
11021

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1999

5. FEI Number

22-3007667

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
I	POPODSKY, DAVID	2666 WINONA ROAD	BALDWIN NY
P	POPODSKY, SCOTT	1 LINDEN PLACE	GREAT NECK NY
V	KNIGGE, JAN D	5220 BRITTANY DR. SO. #106	ST. PETERSBURG FL 33715
V	STANTON, Richard P	8213 Bronte Ct	Orlando FL 32836
			600004719326--7 -12/11/01--01073--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KNIGGE, JAN D
5220 BRITTANY DRIVE, SUITE 106
ST. PETERSBURG FL 33715

9. Name and Address of New Registered Agent

Name
Richard Paul Stanton
Street Address (P.O. Box Number is Not Acceptable)
8213 Bronte Court
Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32836

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 REQUIRED
Richard P. Stanton

REGISTERED AGENT MUST SIGN

Date **10/31/01**

11. 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 REQUIRED
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/1/01**

Daytime Phone # **800-888-4354**

Date

Daytime Phone #

CR2E040 (8/01)