

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K09675**

1. Corporation Name

**SKINNY SNACKS INC.**

Principal Place of Business

Mailing Address

~~2055 COLLINS AVE~~  
~~W2102~~  
MIAMI BEACH FL 33140  
US

7400 SW 50 TERR.  
STE 302  
MIAMI FL 33155  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**7360 S.W. 121 St.**  
City & State  
**Miami FL**  
Zip  
**33156 USA**

Suite, Apt. #, etc.  
**7360 SW 121 St.**  
City & State  
**Miami FL**  
Zip  
**33156 USA**

4. Date Incorporated or Qualified To Do Business in Florida

**12/30/1987**

5. FEI Number

**65-0063488**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PM	HUTH, DIANE	<del>1851 WOODBRIER</del> 7360 SW 121 St.	FT. MYERS FL 33905 Miami, FL 33156
VM	HUTH, MARVIN	<del>2223 WOODBRIER</del> 1329 Goethals, Apt 4	FT. MYERS FL 33905 Richland WA 99352
DCS	NESTORE, SCODRO	<del>2055 COLLINS AVE #2102</del> 4201 Collins Ave, Apt 250 B	MIAMI BCH FL 33140

4000002856694-7  
04/23/99-01086-017  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

~~LEIVA, ROLANDO E~~  
~~7400 SW 50 TERR~~  
~~STE 302~~  
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name  
**Diane C. Huth**  
Street Address (P.O. Box Number is Not Acceptable)  
**7360 S.W. 121 St.**  
Suite, Apt #, Etc  
City **Miami** State **FL** Zip Code **33156**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**4/16/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on multiple tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Date

4/16/99 (305) 255-1290