

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 # L88112

1. Corporation Name

NUTRIRE HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

2100 W 76th ST #307

SAME

HALEAH, FL 33016-5500

300002562029---6

-06/16/98-01121-025

***1658.75 ***1658.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

7-19-90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0211796

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<u>Pres/Sec</u>	<u>WILLIAM P. CRAUZ</u>	<u>15825 SW 83rd CT</u>	<u>MIAMI, FL 33157</u>

REINSTATEMENT

92-98

SL 6-11-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

WILLIAM P. CRAUZ

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

15825 SW 83rd CT.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33157

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

William P. Crauz
REGISTERED AGENT MUST SIGN

Date 6-1-98

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 intangible 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:

William P. Crauz
WILLIAM P. CRAUZ

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-98

Date

305-362-8566

Daytime Phone #