

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 NOV -9 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021353

1. Corporation Name

ALFA VITAMINS LABORATORIES INC.

Principal Place of Business

7593 NW 8TH STREET  
SUITE #5  
MIAMI FL 33126

Mailing Address

7593 NW 8TH STREET  
SUITE #5  
MIAMI FL 33126



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2000

5. FEI Number

65-0987745

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
VD	MUNIZ, MARIA	7593 NW 8TH STREET SUITE #5	MIAMI FL 33126
PD	MUNIZ, ALEJANDRO V	7593 NW 8TH STREET SUITE #5	MIAMI FL 33126
			800004703668--8 -12/04/01--01031--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MUNIZ, MARIA  
7593 NW 8TH STREET  
SUITE #5  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Maria Muniz*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/05/01

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:

*Maria Muniz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01

Date

Daytime Phone #

CR2E040 (801)