

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000043415**

1. Corporation Name

INDIVIDUAL NUTRITION, INC.

Principal Place of Business

Mailing Address

**11341 INTERCHANGE CIRCLE SO.
MIRAMAR FL 33025**

**11341 INTERCHANGE CIRCLE SO.
MIRAMAR FL 33025**

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.

Suite, Apt. #, etc.

**P.O. BOX 823836
Pembroke Pines, FL**

**P.O. BOX 823836
Pembroke Pines, FL**

Zip

Country

Zip

Country

33082 USA

33082 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

5. FEI Number

65-1003818

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
DCMO	BARCIE, JOSEPH S	16336 SHADOW COURT	MIAMI FL 33014
DCEO	MCGOODWIN, JAMES V	2 WINONA LANE	SEA RANCH LAKES FL 33308

**500024375105
11/03/03--01032--002 **150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER FL 33756**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 NOV -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

CR2E040 (7/03)



P.O. Box 823836
Pembroke Pines, FL 33082-3836
T: (954) 433-0451
F: (954) 327-9742

www.vidafit.com

October 30, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please note we moved in February 2003 and have a forwarding address. The 2003 Division of Corporation Report was not received until yesterday. The notice received states our Corporation has been Administratively Dissolved. I called your office this morning and was told to file the report along with a fee of \$150.00. Enclosed please find our check along with our application.

Please note our current mailing address is P.O. Box 823836, Pembroke Pines, FL 33082-3836.

Thank you for your assistance in this matter.

Sincerely,

Maria Escobar
Office Manager