

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000063122

**1. Corporation Name**

The Natural Weight Loss Club, Inc.

6427 Pembroke Road  
2600 Glades Circle

**2. Principal Office Address**

6427 Pembroke Road

**3. Mailing Office Address**

2600 Glades Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

Hollywood, FL

City & State

Weston, FL

Zip

33023

Country

USA

Zip

33327

Country

USA

**REINSTATEMENT** 01-02

**4. Date incorporated or Qualified  
To Do Business in Florida**

06/26/2000

**5. FEI Number**

YC-651021119

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Elder E. Cruz

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

1669 Salerno Circle

Suite, Apt. #, Etc.

City

Weston

State  
**FL**

Zip Code  
33327

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Elder E. Cruz*

REGISTERED AGENT MUST SIGN

Date

11/10/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rosa M. Desta	1669 Salerno Circle	Weston, FL 33327
VP	Elder E. Cruz	1669 Salerno Circle	Weston, FL 33327

300043303923  
12/09/04--01053--011 \*\*1208.75

**10. 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:

*Elder E. Cruz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y.P.

11/10/2004

Date

(954)

349-7888

Daytime Phone #

CR2001 (01/04)

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