

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

800 0000 77602

1. Corporation Name

Multiple Nutrient system

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

19877 East Country Cl.

Suite, Apt. #, etc.

205

City & State

Aventura

Zip

33180

Country

U.S.A.

3. Mailing Office Address

19877 E. Country Club Dr.

Suite, Apt. #, etc.

205

City & State

Aventura

Zip

33180

Country

U.S.A.

REINSTATEMENT

07-08^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-103-8395

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

Kenneth Abbott, Jr.

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

19877 East Country Club Dr.

Suite, Apt. #, Etc.

205

City

Aventura

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kenneth Abbott, Jr.

REGISTERED AGENT MUST SIGN

Date 11/1/08

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	Kenneth Abbott, Jr.	19877 E. Country Club	Aventura Fl. 33186

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 contained in Chapter 119, 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:

Kenneth Abbott, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/08

Date

954-534-3212

Daytime Phone #