

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000082215

1. Corporation Name

NUTRICOMPLEMENTS, INC.

Principal Place of Business

Mailing Address

7220 N.W. 36TH STREET. #540
MIAMI FL 33166

7220 N.W. 36TH STREET. #540
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

7220 NW 36th ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 631

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2000

5. FEI Number

65-1033662

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 |
|---------------|---|--|-------------------------|
| P | GARBI, MARCO A | 491 RACQUET CLUB RD. BULL 130 # | WESTON FL 33326 |
| V | VALDERRAMA, MARIA C | 491 RACQUET CLUB RD. BULL 130 # | WESTON FL 33326 |
| P | Garbi, Marco A. | 11539 NW 60th Lane #321 | Miami, FL 33178 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

GARBI, MARCO A
491 RACQUET CLUB RD. BULL, 130 #101
WESTON FL 33326

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

Marco A. Garbi

REGISTERED AGENT MUST SIGN

Date

05/15/02

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:

Marco A. Garbi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/02

Daytime Phone #

305 640 1251

CR2040 (801)

20f2

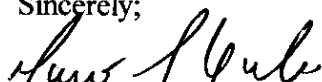
Nutricomplements, Inc
Marco A. Garbi
7220 NW 36th St. # 631
Miami, Fl 33166
305-640-1251

Division of Corporation
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

I write this letter asking to drop the reinstatement fee for my corporation Nutricomplements, Inc. I talked over the phone (850-245-6059) to a corporation officer and she told me to write this letter. I did not receive the papers to pay the annual fee for the corporation because I was out of the country and my accountant did not receive them either because it is another mailing address for his office. I was told to enclose a check for \$300 in order to pay for last year and this year's corporation annual fee.

Sincerely;


Marco A. Garbi