

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000017784**

1. Corporation Name

NUTRITION EMPORIUM INC.

Principal Place of Business

18311 PINES BLVD.
PEMBROKE PINES FL 33029

Mailing Address

18311 PINES BLVD.
PEMBROKE PINES FL 33029

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.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

65-1079022

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
CEO	KADIR, RAFIA	18311 PINES BLVD	PEMBROKE PINES FL 33029
VPS	HOUSEIN, FIAZ	18311 PINES BLVD.	PEMBROKE PINES FL 33029

500023963285
10/21/03--01031--017 **150.00

8. Name and Address of Current Registered Agent

KADIR, RAFIA K
18311 PINES BLVD
PEMBROKE PINES FL 33029

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-27-03

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 #

10-27-03 954 442-4438



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

RE: Nutrition Emporium Inc. Ref # P0100017784

Dear Sir or Madam:

This letter is in reference to letter number: 603A00057812. Please find attached a signed copy of the application of the reinstatement form.

I would like to take this opportunity to let you know that we did not receive the application for payment of \$150 prior to this notice and I am requesting a waiver of the \$600 reinstatement fee.

My secretary mailed a check for \$150.00 on 10/27/2003 but had no officer present at that time to sign the form. Please accept this letter to waive these charges for us. If you have any further questions please feel free to contact me at 954-433-2471.

Thank You,

A handwritten signature in black ink, appearing to read 'Fiaz Hoosein', is written over a dotted line.

.....
Fiaz Hoosein