

May 10 04 10:24a

R C. BERGMAN CPA

954-742-5979


P.T.
1042

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 13 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000028635 1. Corporation Name VITATOP, INC. 7255 N W 68th STREET	
2. Principal Office Address 7255 N W 68th STREET Suite, Apt. #, etc. 8 City & State MIAMI, FL Zip 33166	3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country

400037293124
05/25/04--01052--018 **450.00

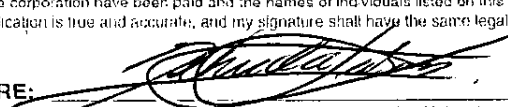
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida-03/16/01	
5. FEI Number 65-1089186	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name: YEHUDA SABAN Street Address (P.O. Box Number is Not Acceptable) 210 174th STREET Suite, Apt. #, Etc. 1912 City NORTH MIAMI BEACH State FL Zip Code 33160	
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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: _____ Date: _____ REGISTERED AGENT MUST SIGN	
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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
PD	YEHUDA SABAN	210 174th STREET	NORTH MIAMI BEACH, FL 33160
STD	JORGE NAVARRO	210 174th STREET	NORTH MIAMI BEACH, FL 33160

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 5/10/04 Daytime Phone #

CRE0081 10-1-04

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Vitamins & Nutritional Supplements

7255 NW 68 St suite 8 Miami, Florida 33166

Office: (305) 887-6677 Fax: (305) 883-7700

e-mail: contact@vitatop.org / www.vitatop.org

May 10, 2004

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

Gentlemen:

Our address was changed with the Florida Department of State from 210 N.E. 74 St, North Miami Beach to 210-174 St. North Miami, Beach, 33160. Florida Department of State never sent us notice of payment to this address, for this reason, we never received your notice for payment since the first year we were established.

Since then we had moved to 7255 N.W. 68St. Unit 8 Miami, Fla 33166, I am enclosing a check in the amount of \$450.00 to correct this error and bring us up to date.

Thank you,

A handwritten signature in black ink, appearing to read "Yehuda Saban", is written over a horizontal line.

Yehuda Saban
President