

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058302

1. Corporation Name

DIET SOLUTIONS, INC.

Principal Place of Business

7204 SW 59TH AVENUE  
MIAMI FL 33143

Mailing Address

7204 SW 59TH AVENUE  
MIAMI FL 33143



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/2001

5. FEI Number

65-1112574

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
PD	HERSHMAN, KENNETH	11479 S.W. 40TH ST.	MIAMI FL 33143
VD	HERSHMAN, LLOYD	11479 S.W. 40TH ST.	MIAMI FL 33143
SD	DELATORRE, EDWARD	7204 SW 59TH AVENUE	MIAMI FL 33143
TD	DELATORRE, EDWARD	7204 SW 59TH AVENUE	MIAMI FL 33143

8. Name and Address of Current Registered Agent

DELATORRE, EDWARD  
7204 SW 59TH AVENUE  
MIAMI FL 33143

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 11/19/2002

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

EDWARD DELATORRE

11/19/2002

(305) 661-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

# Diet Solutions

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7204 SW 59th Avenue  
South Miami, FL 33143  
Telephone 305.661.4453  
Fax 413.751.4481

November 19, 2002

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

**SUBJECT: DIET SOLUTIONS, INC.  
APPLICATION FOR REINSTATEMENT  
DOC# P01000058302**

Dear Sirs:

Enclosed is our Application for Reinstatement, together with our check for \$150 payable to Department of State.

Please note that, as a result of mail delivery problems we hope have finally been resolved, we never received any of the notices sent by your department regarding the company's Uniform Business Report for 2002.

It is hereby respectfully requested, therefore, that, taking these particular circumstances into consideration, you would kindly waive your reinstatement fee accordingly, and reinstate Diet Solutions, Inc.

Should you have any further questions or require any additional information in these respects, however, please let me know.

Very truly yours,  
Diet Solutions, Inc.



By: Edward Delatorre,  
Secretary and Treasurer