

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117190

1. Corporation Name

Meditech Nutrition, Inc.

2. Principal Office Address

7052 SW 22 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

7052 SW 22 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/03

5. FEI Number

20-0323497

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

Alain Rossello

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

7052 SW 22 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Alain Rossello

Date 12/23/04

REGISTERED AGENT MUST SIGN

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, S	Alain Rossello	7052 SW 22 ST	Miami, FL 33155
VP	Mayra Velez	3403 NW 82 Ave, #101	Miami, FL 33122

500043651075

12/27/04--01083--010 **150.00

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:

Alain Rossello / Alain Rossello

12/23/04

Date

305-491-9169

Daytime Phone #

CR2E081 (01/04)

Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32314

December 22, 2004

Meditech Nutrition, Inc.
7052 SW 22 ST
Miami, FL 33155

Re: Doc # PO3000117190
Reinstatement

Dear Sirs:

We are in receipt of a notice of dissolution from the Department of State/Division of Corporations. We have contacted your department regarding the dissolution because prior to this notice we had not received any correspondence from the Department of State.

We were advised to pay \$150.00 and to include a Corporation Reinstatement request and a letter informing the department that our company did not receive any notices prior to the dissolution notice.

Should you have any questions or need additional information, you may contact me at 305-491-9169

Sincerely,

A handwritten signature in cursive script, appearing to read "Alain Rossello".

Alain Rossello
President