

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003316

1. Corporation Name

BROOKSIDE NUTRITION CENTER, INC.

2. Principal Office Address - No P.O. Box #

6582 N. STATE ROAD 7

3. Mailing Office Address

6582 N. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

SOUTH FLORIDA TAX, Inc.

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

5001 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE B

City

DAVIE

State

FL

Zip Code

33328

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

REGISTERED AGENT MUST SIGN

Date **12/24/2007**

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
D	BERNARDO YIBIRIN	6582 N. STATE ROAD 7	COCONUT CREEK, FL 33073
D	ROSARIO YIBIRIN	6582 N. STATE ROAD 7	COCONUT CREEK, FL 33073
D	SERGIO YIBIRIN	6582 N. STATE ROAD 7	COCONUT CREEK, FL 33073
D	GINETH MENDEZ	6582 N. STATE ROAD 7	COCONUT CREEK, FL 33073

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 contained in Chapter 119, 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

BERNARDO YIBIRIN

Date

12/24/2007

754-422-4044

Daytime Phone #

FILED

07 DEC 27 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1992

5. EEL Number

650367705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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12/27/07--01019--013 **1500.00

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