

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93600015965

1. Corporation Name

MET NUTRITIONAL CENTER

2. Principal Office Address

5800 JOG RD.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL.

Zip

33467

Country

USA

3. Mailing Office Address

4960 S.W. 52ND ST.

Suite, Apt. #, etc.

SUITE #401

City & State

DAVIE, FL.

Zip

33314

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 1993

5. FEI Number

65-0404012

☒ 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

EVIS S. LOIS

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

7138 LAKE ISLAND DR.

Suite, Apt. #, Etc.

900014316359

03/10/03 - 01030 - 031 **900.00

City

LAKE WORTH

State

FL

Zip Code

33467

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

Evis S. Lois

REGISTERED AGENT MUST SIGN

Date 3-10-03

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
PRES	MAGDA A. LOIS	7138 LAKE ISLAND DR.	LAKE WORTH FL. 33467
VICE PRES	Evis S. Lois	" "	" "

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)(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:

Evis S. Lois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

561-433-2870

Daytime Phone #

CR2E081 (10/02)