

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NOV 20 11 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020745

1. Corporation Name

HEALTH CRAVE, INC.

Principal Place of Business

**815 E. BLOOMINGDALE AVE
BRANDON FL 33511**

Mailing Address

**815 E. BLOOMINGDALE AVE
BRANDON FL 33511**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/19/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3194045	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GREGORY, DAVID J	804 BEVERLY DRIVE	BRANDON FL 33510

300002354843--8
-11/21/97--01120--014
****165.00 ****165.00

758
11/20/97

8. Name and Address of Current Registered Agent

**GREGORY, DAVID J
815 E. BLOOMINGDALE AVE
BRANDON FL 33511**

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.

Signature of Registered Agent

David A. Gregory

REGISTERED AGENT MUST SIGN

Date 11/17/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

David A. Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/97
Date

(813) 684 6636
Daytime Phone #

CR2040 (8/97)