

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071059

1. Corporation Name

INMUNO VITAL, INC.

Principal Place of Business

Mailing Address

7005 H. SOUTHWEST 47 STREET
MIAMI FL 33155

7005 H. SOUTHWEST 47 STREET
SUITE 105
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

13605 SW 149 AVE #3

Suite, Apt. #, etc.

3

City & State

MIAMI FL

Zip

33196

Country

USA

3. New Mailing Office Address, If Applicable

13605 SW 149 AVE

Suite, Apt. #, etc.

Unit 3

City & State

MIAMI FL

Zip

33196

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1993

5. FEI Number

65-0442324

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BACKUS, DEXTER M	2100 CORAL GATE DRIVE	MIAMI FL 33145
VP	JACOBS, PATRICIA	10920 SW 134 CT	MIAMI FL 33186

8. Name and Address of Current Registered Agent

BACKUS, DEXTER M.
2100 CORAL GATE DRIVE
MIAMI FL 33145

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

CR2E040 (7/03)

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

Dexter M. Backus
REGISTERED AGENT MUST SIGN

Date 11.6.03

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:

Patricia Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA JACOBS, V.P.

11.7.03

Date

Daytime Phone #

305
447-1000

FILED

03 NOV 10 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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