

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 # **P93000084047**

1. Corporation Name

HEALTH FOODS PLUS, INC.

Principal Place of Business

Mailing Address

**1425 SW FIRST COURT
BAY #24
POMPANO BEACH FL 33069
US**

**1425 SW FIRST COURT
BAY #24
POMPANO BEACH FL 33069
US**

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

**3341 Hollywood Blvd
Suite, Apt. #, etc.
Hollywood FL
City & State
FL**

**3341 Hollywood Blvd
Suite, Apt. #, etc.
Hollywood
City & State
FL**

Zip **33021** Country **USA**

Zip **33021** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1993

5. FEI Number

65-0460423

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CALANDRILLO, MICHAEL	1425 SW FIRST COURT, BAY #24	POMPANO BEACH FL 33069

800023973318
10/21/03 01080 025 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CALANDRILLO, MICHAEL
1425 SW FIRST COURT
BAY #24
POMPANO BEACH FL 33069**

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Calandrillo

REGISTERED AGENT MUST SIGN

Date **10/14/03**

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:

Michael Calandrillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

954-983-0780
Daytime Phone #

CR2E040 (7/03)