

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 26 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052580

1. Corporation Name

GLOBAL NUTRITIONAL CONCEPTS, INC.

2. Principal Office Address

12260 S.W. 53rd St.

3. Mailing Office Address

9990 S.W. 77th Avenue

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

Suite 330

City & State

Cooper City, FL

City & State

Miami, FL 33156

Zip

33330

Country

USA

Zip

33156

Country

USA

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

7/15/94

5. FEI Number

65-0505508

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

John A. Margolis, Esq.

200004719922-7

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

9990 S.W. 77th Avenue

12/12/01-01012-014

****750.00 ****750.00

Suite, Apt. #, Etc.

Suite 330

City

Miami FL

State

FL

Zip Code

33156

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

John A. Margolis

REGISTERED AGENT MUST SIGN

Date 11/15/01

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
P/D	Ismael Gonzalez	Suite 603 12260 S.W. 53rd Street	Cooper City, FL 33330
S/T/D	Donald Montellese	12260 SW 53 St., Suite 603	Cooper City, FL 33330

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:

Ismael Gonzalez - PRESIDENT 11/19/01

Date

Daytime Phone #

1-800-515-6251