

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV 14 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079059

1. Corporation Name

HEALTHY EXPRESS INC  
(HEALTHY) 1996

Principal Place of Business

Mailing Address

4702 Lejeune Rd  
Coral Gables FL 33146

ANNUAL  
REPORT

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

4702D Lejeune Rd

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

4702D Lejeune Rd

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

105-0536869

Applied For

Not Applicable

City & State

Coral Gables FL 33146

City & State

Coral Gables FL 33146

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	JESSICA SASSOON	4702D Lejeune Rd	Coral Gables, 33146

200002008572--4  
-11/19/96--01149--001  
\*\*\*\*200.00 \*\*\*\*200.00

9-11-96  
11-14-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JESSICA SASSOON  
4702D Lejeune Rd  
Coral Gables, FL 33146

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/14/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/96

CR2E040 (12/95)

Healthy Express, Inc.

PA# 2062

November 14,

Dep't of State  
Division of Corporations  
P.O. Box 16327  
Tallahassee, FL 32314

Att: Adlan, Amy

Enclosure please completed form  
re: re-instatement namely: Healthy  
Express, Inc together with my  
check #3107 in the amount of \$200.00

Kindly forward confirmation  
promptly. Your prompt reply is  
appreciated.

Please be advised that my  
accountant did not forward  
the papers. Thank you.

Sincerely,  
