PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 AM 10:52

DOCUMENT # P95000022026

1. Corporation Name

PURA SALUD GNC NO. 3 INC.

Principal Place of Business	Mailing Address
2520 SW CORAL WAY SUITE 6 MIAMI FL 33145 US	2520 SW CORAL WAY STE 6 MIAMI FL 33145

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/17/1995

5. FEI Number: 65-0600876 ☐ 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
V	CASTELLON, TAMARA	2520 CORAL WAY #6	MIAMI FL 33145
T	CASTELLON, ANA	2520 CORAL WAY #6	MIAMI FL 33145
S	CASTELLON, ALAN	2520 CORAL WAY #6	MIAMI FL 33145
P	CASTELLON, BARNEY	2520 CORAL WAY #6	MIAMI FL 33145

300004671293--8
-11/07/01--01068--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CASTELLON, BARNEY 2520 CORAL WAY #6 MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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 REQUIRED (CASTELLON, BARNEY) Date: 10/17/2001.
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED (Castellon, Barney) 10/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PURA SALUD

G N C

2520 CORAL WAY
Miami, Fl 33149

Ms Katherine Harris
Secretary of State
State of Florida.

REF: PURA SALUD GNC #3 INC.
DOC # P95000022026

DEAR Ms Harris:

Please find attached CK #3801 in the amount of $150.(one hundred fifty dollars no/100) since we never received the previous Uniformmed Report form, and verbally requested a waiver for reinstatement.

We are also including proper filled the document # P.95000022026.
We don't have changes to report at this time.

Respectfully.

Alan Castellon
Secretary

CC. File

Telephone (305) 860-9676 Fax (305) 860-8916