

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 23 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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
400024052864 10/23/03--01070--003 **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

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

05/17/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

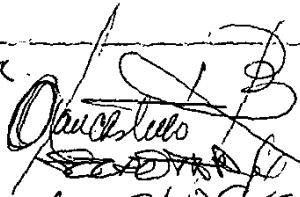
CR2E040 (7/03)

FLORIDA DEPARTMENT OF STATE  
TO: GLENDA E. HOOD.  
SECRETARY OF STATE  
DIVISION OF CORPORATION.

DEAR Ms. HOOD:

Please find attached CK# 4246 IN THE AMOUNT OF \$150.00 and the  
Correspondent Application for reinstatement of our Corporation  
PURA SAUD GNC #3 INC, since the prior UBR notices were not received  
by our Corporation.

Very truly yours,

  
~~SECRETARY OF STATE~~  
PURA SAUD GNC #3