

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
T. Morris Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022127

1. Corporation Name

SPIRITUAL NUTRITION, INC.

Principal Place of Business

1108 HIGHLAND BEACH DRIVE
SUITE 1
HIGHLAND BEACH FL 33487

Mailing Address

1108 HIGHLAND BEACH DRIVE
SUITE 1
HIGHLAND BEACH FL 33487

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

03/20/1995

5. FEI Number

65-0571503

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
PST	KUELL, EDMUND F.	1108 HIGHLAND BCH DR.#1	HIGHLAND BCH FL

500003046325--6
-11/16/99--01095--010
****150.00 ****150.00

Sp

8. Name and Address of Current Registered Agent

KUELL, EDMUND F
1108 HIGHLAND BEACH DRIVE
SUITE 1
HIGHLAND BEACH FL 33487

9. Name and Address of New Registered Agent

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

Edmund F. Kuell

Date OCT 28 1999

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:

Edmund F. Kuell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 28 1999

Date

561 276

Daytime Phone #

8991

CR2040 (05/99)

OCT 27/99

DEAR DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

I SPOKE WITH YOUR OFFICE ON OCT 14, I
BELIEVE, TO INFORM YOU THAT I DID NOT
RECEIVE NEITHER THE FIRST NOR THE
SECOND WARNING NOTICES OF DISSOLUTION
OF MY CORPORATION, SPIRITUAL NUTRITION, INC
I WAS ADVISED TO SEND THIS LETTER
ALONG WITH THE ENCLOSED CHECK FOR
\$150.00 AND THE REINSTATEMENT
APPLICATION FOR YOUR CONSIDERATION.

SINCERELY YOURS

Edmund K. Kuehl

SPIRITUAL NUTRITION, INC

EDMUND K KUEHL

1108 HIGHLAND BEACH DRIVE #7

HIGH CAMP BEACH CA 933487