

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 JUL 31 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060411

1. Corporation Name

EUROPEAN HEALTH & NUTRITION CENTER, INC.

Principal Place of Business

Mailing Address

~~1314 Cape Coral Pkwy.~~  
~~Cape Coral, FL 33904~~

~~1314 Cape Coral Pkwy.~~  
~~Cape Coral, FL 33904~~

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

2. New Principal Office Address, If Applicable  
1634 SE 47 St.

3. New Mailing Office Address, If Applicable  
1634 SE 47 St.

Suite, Apt. #, etc.  
# 16

Suite, Apt. #, etc.  
# 16

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

Country U.S.A.

Zip

Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

August 4, 1995

5. FEI Number

(SEE ATTACHED)

X

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Alexa Schwanke	Peter-Joseph-Fey Str. 3	53902 Bad Muenstereifel Germany
T/S/D	Thomas J. Schwanke	Peter-Joseph-Fey Str. 3	53902 Bad Muenstereifel Germany
			000002258710--9 -08/05/97--01114--1104 ****923.75 ****923.75

REINSTATEMENT

96-97  
C. Alan  
7/31/97

8. Name and Address of Current Registered Agent

Remhof, Walter J.  
1314 Cape Coral Parkway  
Cape Coral, FL 33904

9. Name and Address of New Registered Agent

Name

Ernest A. Seemann, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
4729 Del Prado Blvd.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

7/17/97

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 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]*

Alexa Schwanke, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941)540-7007

CR20040 (12/96)