

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -6 AM 11: 56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000041243

1. Corporation Name

NATURE'S LIFE & HEALTH, INC.

Principal Place of Business

Mailing Address

925 CRANDON BLVD  
KEY BISCAYNE FL 33149  
US

PO BOX 1011  
KEY BISCAYNE FL 33149  
US

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

05/13/1996

5. FEI Number

65-0760893

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
PSD	DRASSINOWER, CARLOS S	1111 CRANDON BLVD B101	KEY BISCAYNE FL 33149

300003473103--1  
-11/21/00--01090--012  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

DRASSINOWER, CARLOS S  
1111 CRANDON BLVD  
B 101  
KEY BISCAYNE FL 33149

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

SIGNATURE REQUIRED

Date 10-30-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DRASSINOWER

Date 10-30-00

Daytime Phone # 305 365 1175

CR2E040 (800)