

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:54

DOCUMENT #

P96000043198

1. Corporation Name

CRYOTHERAPY PAIN RELIEF PRODUCTS INC.

800005205098--8

-04/08/02--01051--032

****300.00 ****300.00

2. Principal Office Address

20545 S.W. 5 ST

Suite, Apt. #, etc.

3. Mailing Office Address

20545 SW 5 ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 21 1996

5. FEI Number

P96000043198

Applied For

Not Applicable

6. ~~850679781~~
CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE CABALLERO

Street Address (P.O. Box Number is Not Acceptable)

20545 SW 5 ST.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jorge Caballero

REGISTERED AGENT MUST SIGN

Date

2-25-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	JORGE CABALLERO	20545 SW 5 ST.	Pembroke Pines FL 33029
VICE PRES.	NANCY CABALLERO	20545 SW 5 ST.	Pembroke Pines FL 33029

10. 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:

Jorge Caballero, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 4438563

Date

Daytime Phone #

CR2E081 (9/01)

CRYOTHERAPY PAIN RELIEF PRODUCTS, INC.



anuice®



Patent Pending

hemorrhoids relief without drugs

February 26th 2001

Florida Department of State
Division of Corporations
Attn. Marquitta Williams
Document Specialist

Dear Ms. Williams:

RE: LETTER NO 102A 00010200

I am enclosing the Reinstatement Document you sent us, with the check for \$300.00 and the Annual Report.

As I mentioned to the lady on the telephone, we moved and never received the form for the annual report. I assume that the Post Office sent it back to your office. When I called, I was told to send the \$300.00.

Please help us with this matter.

Thank you,


Jorge Caballero, President.

NEW ADDRESS: 20545 SW 5th Street, Pembroke Pines, Florida 33029